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TO: ALL PRINCIPAL INVESTIGATORS, NURSES AND DATA MANAGERS

FROM: Protocol Development and Regulatory Compliance

DATE: June 18, 2024

RE: **NRG-LU004: DURVALUMAB ACTION LETTER AND PROTOCOL AMENDMENT 7**

**Phase I Trial of Accelerated or Conventionally Fractionated Radiotherapy Combined With
MEDI4736 (durvalumab) in PD-L1 High Locally Advanced Non-Small Cell Lung Cancer (NSCLC)
(ARCHON-1)**

NCI Version: May 28, 2024

Study Chair: Steven H. Lin, MD PhD, 713-563-8490; shlin@mdanderson.org

The NCI Central Institutional Review Board (CIRB) has approved this protocol amendment. Protocol documents can be obtained from the CTSU website.

*After review of all the available data, CTEP believes that the new and/or modified risk information does NOT significantly alter the risk-benefit profile for patients in the study since **DURVALUMAB** is already known to cause serious adverse events and this new risk information does not change the overall weight given to risks versus benefits for patients in the study. CTEP considers all the proposed protocol and informed consent changes for studies affected by this Action Letter to be minor. Therefore, under the provisions of Department of Health and Human Services regulations for the protection of human subjects at 45 CFR 46.110, a protocol amendment that includes this new information can undergo expedited review if the Institutional Review Board (IRB) Chair (or other experienced IRB member designated to conduct expedited review by the Chair) concurs that the changes are minor. Additional information from the Office of Human Research Protections (OHRP) regarding this process is available at: <http://www.hhs.gov/ohrp/policy/Correspondence/nci200870929.html>.

Accrual of new patients must be suspended until the IRB of record has reviewed and approved a CTEP-approved amendment created in response to this Action Letter.

Patients currently on study may continue on study provided they are informed of the new and/or modified risk information. This information should be communicated to patients already enrolled on study without waiting for IRB review/approval since this information represents a significant new finding(s) that developed during the course of the research that may relate to a patient's willingness to continue participation and per the Office for Human Research Protections, the regulations do not require IRB review and approval of statements describing such significant new findings before they are provided to already enrolled patients. Documentation of their informed consent should be carried out according to local IRB requirements.