

TYPE OF CANCER: Inoperable Stage IIIA/B Non-Small-Cell Lung Cancer (NSCLC)
TYPE OF TRIAL: Phase I/II
TRIAL SPONSOR: Eli Lilly

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STUDY SUMMARY

Phase 1/2 Study of Pemetrexed (Alimta®) plus Carboplatin, or Pemetrexed plus Cisplatin with Concurrent Radiation Therapy Followed by Every-21-Day Pemetrexed Consolidation in Patients with Favorable-Prognosis Inoperable Stage IIIA/B Non-Small-Cell Lung Cancer (NSCLC)

TREATMENT OVERVIEW

- Patients who choose to go on study will be randomized to receive either Pemetrexed and Carboplatin or Pemetrexed plus Cisplatin with concurrent radiation therapy followed by consolidation chemotherapy of Pemetrexed once every 21 days for 3 cycles

PRE-TREATMENT ASSESSMENTS

- Medical History
- Physical Exam
- Weight
- BSA determination
- Tumor Measurement
- Performance Status
- Vital Signs
- Chemistry panel
- Hematology panel
- Pregnancy test (if applicable)
- Pulmonary Function Tests
- Calculated creatinine clearance

ENTRANCE CRITERIA FOR PARTICIPATION IN TRIAL

INCLUSION CRITERIA

- Unresected loco-regionally advanced NSCLC without evidence of hematogenous metastasis, Stages IIIA or IIIB (without pleural effusion). This diagnosis must be based on either cytological or histopathological evidence of NSCLC.
- Measurable disease on the planning CT-scan as per RECIST criteria.
- ECOG performance status 0-1.

- Weight loss <10% in the 3 months prior to diagnosis.
- FEV1 >1000 cc.
- No evidence of pleural effusion on chest x-ray (CXR) or CT-scan unless it appeared only after a thoracotomy or other invasive thoracic procedure was attempted.
- Hemoglobin ≥8.0 mg%; absolute neutrophil count ≥1,500/m³; platelets ≥100,000/m³.
- Renal: calculated creatinine clearance (CalCrCl) ≥45 ml/min.
- Serum bilirubin ≤1.5 mg/dl; aspartate transaminase (AST), alanine transaminase (ALT), and alkaline phosphatase (AP) must be ≤3 times the institutional upper limit of normal, unless the abnormality is caused by documented benign disease, in which case it can be ≤5 times the institutional upper limit of normal.
- Male or female, at least 18 years old.
- Patients must sign a study-specific consent form prior to registration.
- Females of child-bearing potential (not surgically sterilized and between menarche and 1 year postmenopausal) must test negative for pregnancy at the time of enrollment based on a urine pregnancy test. Both males and females of reproductive potential must agree to use a reliable method of birth control, as determined by the patient and their health care team, during the study and for 3 months following the last dose of study drug.

EXCLUSION CRITERIA

- Have received treatment within the last 30 days with a drug that has not received regulatory approval for any indication at the time of study entry.
- Have previously completed or withdrawn from this study or any other study investigating pemetrexed.
- Evidence of small-cell histology; Stage I, II, or Stage IV NSCLC.
- Patients who have undergone complete (or subtotal) tumor resection.
- Patients with post-resection intrathoracic tumor recurrence.
- Patients with a synchronous primary cancer that, in the opinion of the investigator, will impact 2-year survival.
- Patients with prior chemotherapy for this cancer, or thoracic or neck RT for any condition.
- Patients with myocardial infarction within the preceding 6 months or symptomatic heart disease, including angina, congestive heart failure, or uncontrolled arrhythmia.
- Pregnant women are ineligible as the treatment involves unforeseeable risks to the participant and to the embryo or fetus.
- Active infection (at the discretion of the investigator).
- Breast-feeding.
- Serious concomitant systemic disorders incompatible with the study (at the discretion of the investigator).
- Inability to discontinue administration of aspirin at a dose >1300 mg/day, or other nonsteroidal anti-inflammatory drugs (NSAIDs) for 2 days before,

the day of, and 2 days after the dose of pemetrexed (5 days prior for long-acting agents such as piroxicam).

- Any pleural effusion on CXR or CT-scan, or other clinically significant effusions which are unable to be drained.
- Planning target volume (PTV) >3 liters.
- V20 >40% (>40% of existing healthy lung volume [total lung volume minus PTV] is likely to receive >20 Gy radiation).
- Patients who are unable or unwilling to take folic acid, Vitamin B12 or dexamethasone as required by the protocol.
- Patients who, due to geographic proximity or compliance concerns, are unable to accomplish the required tests and procedures for monitoring and follow-up included in this trial.