Accrual goal = 400 patients internationally.

Trial entry into InPACT-neoadjuvant should take place within 4 weeks of planned start of treatment.

Assigned treatment in InPACT-pelvis should commence no earlier than 6 weeks after ILND, with PLND or adjuvant chemoradiotherapy commencing no more than 12 weeks after ILND. Randomization into InPACT-pelvis can take place at any time after confirmation of high-risk disease following post-operative risk classification and prior to the planned InPACT-pelvis treatment start date.

Low risk patients whose post ILND pathology exhibits high risk features may be candidates for InPACT-pelvis randomization (see protocol section 5.6).

Treatment options are defined according to disease burden strata.

- **Radiotherapy to groin alone or groin and pelvis.**
- **Radiotherapy to groin and pelvis.**

InPACT/EA8134

International Penile Advanced Cancer Trial (International Rare Cancers Initiative Study)
Overall EA8134 Study Objective
To determine the optimal sequence of surgery, chemotherapy, and chemoradiotherapy in the routine clinical management of men with locally advanced squamous cell carcinoma (SCC) of the penis (however, all patients with clinically positive nodes may be eligible)

Study Objectives

Primary Objective
• Survival time (all patients)

Secondary Objectives
• All patients
  – Disease-specific and disease-free survival time
  – Toxicity and occurrence of at least one grade 3 or 4 adverse event
  – Occurrence of surgical complication
  – Feasibility of pathologic nodal assessment after chemotherapy
  – Quality of life

• InPACT-neoadjuvant patients
  – Occurrence of pathologic complete remission
  – Operability
  – Feasibility of on-schedule delivery of neoadjuvant therapy

• InPACT-pelvis patients
  – Occurrence of lower limb/scrotal edema
Eligibility Criteria*

Main Inclusion Criteria

- Male and ≥ 18 years of age
- Histologically proven SSC of the penis
- Stage:
  - Any T, N1 (ie, a palpable mobile unilateral inguinal lymph node OR a single radiologically abnormal inguinal lymph node with no evidence of extra-nodal extension), M0 or
  - Any T, N2 (ie, a palpable mobile multiple or bilateral inguinal lymph nodes OR radiologically evident multiple/bilateral inguinal nodes with no evidence of extra-nodal extension), M0 or
  - Any T, N3 (ie, fixed inguinal nodal mass or any pelvic lymphadenopathy), M0
- Measurable disease (RECIST v1.1): for InPACT-neoadjuvant only
- ECOG performance status 0–2
- Fit to receive the randomization options for which he is being considered
- Adequate hematologic, hepatic, and renal function

Main Exclusion Criteria

- Pure verrucous carcinoma of the penis
- Nonsquamous malignancy of the penis
- Squamous carcinoma of the urethra
- Stage M1 or regionally advanced (N1-3, M0) penile cancer with disease burden that is considered unresectable
- Previous chemotherapy or chemoradiotherapy outside of the InPACT trial

(Continued)

*When evaluating patients for this study, please refer to the full protocol for the complete list of eligibility criteria.
Main Inclusion Criteria (cont.)

- Concurrent malignancy (other than SCC or basal cell carcinoma of non-penile skin) that has required surgical or nonsurgical treatment in the last 3 years
- Sexually active and unwilling to use effective contraception (if they are not surgically sterile)
- Radiological evidence of macroscopic pelvic lymph node disease on post-ILND cross-sectional imaging

Refer to protocol section 5.5 for additional eligibility criteria that apply to InPACT-neoadjuvant (ie, relating to nodal disease burden, GFR, and radiological evidence of macroscopic pelvic node involvement).

Refer to protocol section 5.6 for additional eligibility criteria that apply to InPACT-pelvis.