EA8183 Available Through ECOG-ACRIN Cancer Research Group

A Phase III Double Blinded Study of Early Intervention after Radical Prostatectomy with Androgen Deprivation Therapy with or without Darolutamide vs. Placebo in Men at Highest Risk of Prostate Cancer Metastasis by Genomic Stratification (ERADICATE)

Patient Population
See Section 3.0 for Complete Eligibility Details

Preregistration (Step 0):
- Age ≥ 18 years
- Must have undergone a radical prostatectomy (RP) completed at least 2 weeks prior to Step 0 preregistration
- Must meet one of the Decipher Score criteria outlined per protocol (i.e., criteria for patients with a Decipher Score obtained through standard of care testing outside the protocol prior to registration to Step 0, OR criteria for patients without a previous Decipher Score)
- Must not have any previous treatment with androgen deprivation therapy (ADT), chemotherapy, or other physician prescribed systemic therapy for treatment of their prostate cancer (prior bicalutamide is permitted)

Randomization 6-24 weeks from RP (Step 1):
- Adequate lab values; Decipher Score > 0.6; ECOG PS 0-2
- No pathologic evidence of pelvic lymph node involvement
- Must not have uncontrolled intercurrent illness per protocol (i.e., ongoing/active infection, symptomatic congestive heart failure (NYHA Class III/IV), unstable angina pectoris, cardiac arrhythmia, etc.)
- A prior/concurrent malignancy within 5 years of Step 1 randomization where natural history/treatment does not have the potential to interfere with the safety/efficacy assessment of the investigational regimen is permitted
- HIV, HBV, HCV patients are permitted per protocol
- Must be able to take oral medications
- Must have a PSA ≤ 0.2 ng/mL obtained within 2 weeks prior to Step 1 randomization
- Must not have pre or post-operative radiographic evidence of cancer recurrence or metastasis by abdominal and pelvic imaging per protocol (within 24 weeks of Step 1 randomization)

Treatment Plan
See Section 5.0 for Complete Treatment Details

- Double-blinded trial (randomized to Arm X)
- 1 cycle= 28 days

Arm A (ADT plus placebo):
- Relugolix 120 mg PO once daily (single initial loading dose of 360 mg PO), OR
- Goserelin, leuprolide, triptorelin, or degarelix by injection per protocol, PLUS placebo (2 pills in the morning and 2 pills in the evening (1200 mg total per day) daily for 48 weeks

Arm B (ADT plus darolutamide):
- Relugolix 120 mg PO once daily (single initial loading dose of 360 mg PO), OR
- Goserelin, leuprolide, triptorelin, or degarelix by injection per protocol, PLUS darolutamide (2 pills in the morning and 2 pills in the evening (1200 mg total per day) daily for 48 weeks

Radiation Treatment:
- Intent to deliver adjuvant radiation therapy must be declared before randomization
- Radiotherapy should be delivered over approximately 7-8 weeks
- Adjuvant radiotherapy to 64.8-66.6 Gy at 1.8 Gy/36-37 fractions to the prostate bed
  - Pelvic nodal radiation 45.0-50.4 Gy at 1.8 Gy/25-28 fractions is allowed
- Salvage radiotherapy to 64.8-70.2 Gy at 1.8 Gy/36-39 fractions to the prostate bed
  - Pelvic nodal radiation 45.0-50.4 Gy at 1.8 Gy/25-28 fractions is allowed
- Photon treatment; 3D-CRT, IMRT, VMAT. Image guidance is required

Patient Enrollment
All Sites: Oncology Patient Enrollment Network (OPEN) https://open.ctsu.org

Protocol Information

Please Enroll Your Eligible Patients!
NOTE: Please note that when a patient has been successfully randomized, the contribution of randomization will indicate that the patient is at risk.

1. Patients with a CCR of 8.10 or 0.8 days

2. Patients who do not achieve a complication of 0.8 and the post-registration Decider.

3. Patients from pre-registration 8.10 to randomization after adjusting the patients score to include the Decider.

4. **ADT** is administered as T4, T5, and 5-fluorouracil. Some formulations may not be available for specific ADT choices. See section 5.

5. Partially responding patients may continue to receive adjuvant radiation therapy (ART) if they receive no response within 25 weeks of post-resection.

6. Patients with disease progression post-operative adjuvant radiation therapy (ART) can receive adjuvant therapy at any time within 25 weeks of post-resection.

**CA-19:2** (g/mL) + 

**CA-125** (IU/mL) + 

**Antigen Deposition**

**AMBA:**

**MRS:**

1. Follow for 2 months (68 weeks)

2. 3000 mg per tablet (for 12 months per tablet) +

3. Petition to adjust the 2 weeks of pre-randomization parameters at Step 1

**Randomization:**

**Step 1**

**Decider > 0.6**

**CAPEX A.**

**Decider = 2.3**