For Patients with Bladder Cancer

EA8185 Available Through ECOG-ACRIN Cancer Research Group

Phase II Study of Bladder-Sparing Chemoradiation with Durvalumab in Clinical Stage III, Node Positive Bladder Cancer (INSPIRE)

Patient Population
See Section 3.0 for Complete Eligibility Details

Step 1 (Randomization) Eligibility Criteria:
- Age ≥ 18 years, ECOG PS 0-2, adequate lab values
- Histologically proven pure or mixed urothelial cancer of the bladder (small cell carcinoma is excluded, however other variant histologies are permitted provided a component of urothelial carcinoma is present)
- Must have documented node-positive and non-metastatic disease (any T, any N, M0), defined per protocol prior to receiving systemic/induction chemotherapy
- See protocol for disease assessment requirements (criteria for patients that have or have not completed induction [systemic] chemo prior to enrollment)
- No previous RT to the pelvic area
- No presence of concomitant active upper tract/urethra tumors; see protocol regarding previously treated cancers
- Immune checkpoint inhibitors for non-muscle invasive disease are permitted > 12 months prior to Step 1 randomization
- Must not have history of prior documented autoimmune disease within 2 years of Step 1 randomization
- No active infection (see protocol for details)
- Must not have clinically significant liver disease that precludes patient from study treatment
- Patients with known history/current symptoms of cardiac disease/history of treatment with cardiotoxic agents should be NYHA class IIB or better

Step 2 (Registration) Eligibility Criteria:
- No progression (imaging and cystoscopy with biopsy confirmation, per protocol); no T2 disease in the bladder
- See protocol for chemoRT + durvalumab (Arm C) requirements
- Patients on Arm D (chemoRT) must have achieved either complete clinical response OR have demonstrated clinical benefit prior to going to observation (Arm F)

Treatment Plan
See Section 5.0 for Complete Treatment Details

Add#4 removed the requirement for induction chemo prior to randomization to ChemoRT +/- durvalumab (i.e., Arms A and B were removed from the protocol)

Step 1 (randomization; concurrent chemoRT +/- durvalumab):
- Arm C – durvalumab IV every 21 days for 3 doses along with physician’s choice for concurrent chemotherapy (per protocol)
- Arm D – chemoRT; physician’s choice per protocol

Step 2 (registration; adjuvant durvalumab vs observation):
- Patients will be evaluated for clinical response 8 weeks (+/- 2 weeks) post completion of concurrent chemoRT +/- durvalumab; patients will undergo CT chest, abdomen and pelvis
- Response to bladder will be documented by cystoscopy and biopsy of the previous tumor affected sites +/- random biopsies per protocol
- Patients on Arm C with clinical CR/clinical benefit will go to Arm E – adjuvant durvalumab (once every 28 days, 6 doses/cycles)
- Patients on Arm D who achieve clinical CR/clinical benefit will go to Arm F – observation
- Patients previously on Arm C or D who do NOT achieve clinical CR/benefit will be considered for salvage cystectomy if possible

Notes:
- Chemotherapy (and durvalumab) to start 4 days (before or after) the start of radiation therapy
- A Pre-Treatment RT review is required for the first case registered at a site- this will take up to 3 business days; the deadline of starting radiation is within 20 business days of Step 1 randomization
- Pre-medication for chemotherapy is based on institutional practices
- Radiotherapy should be delivered over 6.5-8 weeks

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

Protocol Information

Please Enroll Your Eligible Patients!