

NCI

National
Clinical
Trials
Network

EA2182/DECREASE

For Patients with Anal Squamous Cell Carcinoma

EA2182 Available Through ECOG-ACRIN Cancer Research Group

A Randomized Phase II Study of De-Intensified ChemoRadiation for Early-Stage Anal Squamous Cell Carcinoma (DECREASE)

Patient Population

See Section 3 for Complete Eligibility Details

Step 0 (Pre-registration) [Patients who are HIV-negative and meet these criteria can go to Step I]:

- ≥ 18 years of age; English-speaking; ECOG PS 0-2
- Must have histologically proven T1-2N0M0 invasive anal canal/anal margin squamous cell carcinoma measuring ≤ 4 cm (may include tumors of non-keratinizing/cloacogenic histology; measurable disease is not required)
- Patients with T1N0M0 anal margin squamous cell carcinoma who underwent surgical excision with negative margins and no involvement of the anal verge and/or anal canal are not eligible (see protocol)
- Tumor size must be documented based on physical exam including digital rectal exam and/or anoscopy/proctoscopy within 4 weeks of Step 0 pre-registration
- See protocol for specific criteria related to patients that are HIV positive or negative (status must be documented at baseline)

Step I (Randomization):

- Adequate lab values
- No history of prior chemotherapy for this malignancy; no previous radiation to the pelvis such that overlapping radiation fields would be expected; no prior potentially curative surgery for carcinoma of the anus (patients who undergo local excision/excisional biopsy are eligible per protocol)
- Must not receive other standard anti-cancer therapy/experimental agent concurrently with the study drugs
- No intercurrent illness or significant cardiovascular disease (see protocol for details)
- No active inflammatory bowel disease; no active autoimmune/connective tissue disease that required systemic treatment in the past 2 years
- Patients on anti-coagulation with warfarin within 2 weeks of Step I randomization and are considering the use of capecitabine, must use an alternative anti-coagulant
- Patients who will receive capecitabine and are on Dilantin for seizures must have Dilantin levels checked weekly

Treatment Plan

See Section 5 for Complete Treatment Details

- Protocol treatment must begin within 21 days after Step I randomization
- Patients will be treated once daily, 5 days per week. It's required that patients receive 5 fractions of RT during the first week of treatment
- **Arm A: Standard-Dose Chemoradiation:**
 - ◇ **T1-T2 N0:** 50.4 Gy to the primary tumor integrated with 42 Gy to the elective nodal regions, all in 28 fractions, concurrent with 1 cycle of Mitomycin-C + 2 cycles of 5-FU continuous infusion (C1) OR 1 cycle of Mitomycin-C + capecitabine on days of RT
- **Arm B: De-intensified Chemoradiation:**
 - ◇ **T1 N0:** 36 Gy to the primary tumor integrated with 32 Gy to the elective nodal regions, all in 20 fractions, concurrent with 1 cycle of Mitomycin-C + 1 cycle of 5-FU C1 OR 1 cycle of Mitomycin-C + capecitabine on days of RT
 - ◇ **T2 N0:** 41.4 Gy to the primary tumor integrated with 34.5 Gy to the elective nodal regions, all in 23 fractions, concurrent with 1 cycle of Mitomycin-C + 1 cycle of 5-FU C1 OR 1 cycle of Mitomycin-C + capecitabine on days of RT
- IMRT with daily IGRT is required; this study requires pre-treatment central review (see protocol)
- Concurrent chemotherapy is to start within 24 hours of commencement of RT (see protocol for doses of mitomycin-C/5-FU and mitomycin-c/capecitabine)
 - ◇ Doses based on actual body weight
 - ◇ Premedication prior to IV is highly recommended; monitoring CBC, platelets, and metabolic panel to be done per protocol
- See protocol section 5.4 for details regarding how to handle unplanned interruptions in CRT of 2 or more days by delivering fractions over the weekend or twice in one day (BID)

Patient Enrollment

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

Protocol Information

ECOG-ACRIN Operations-Boston: 857-504-2900, <http://ecog-acrin.org> (Member Login)

Please Enroll Your Eligible Patients!

Study Chair:

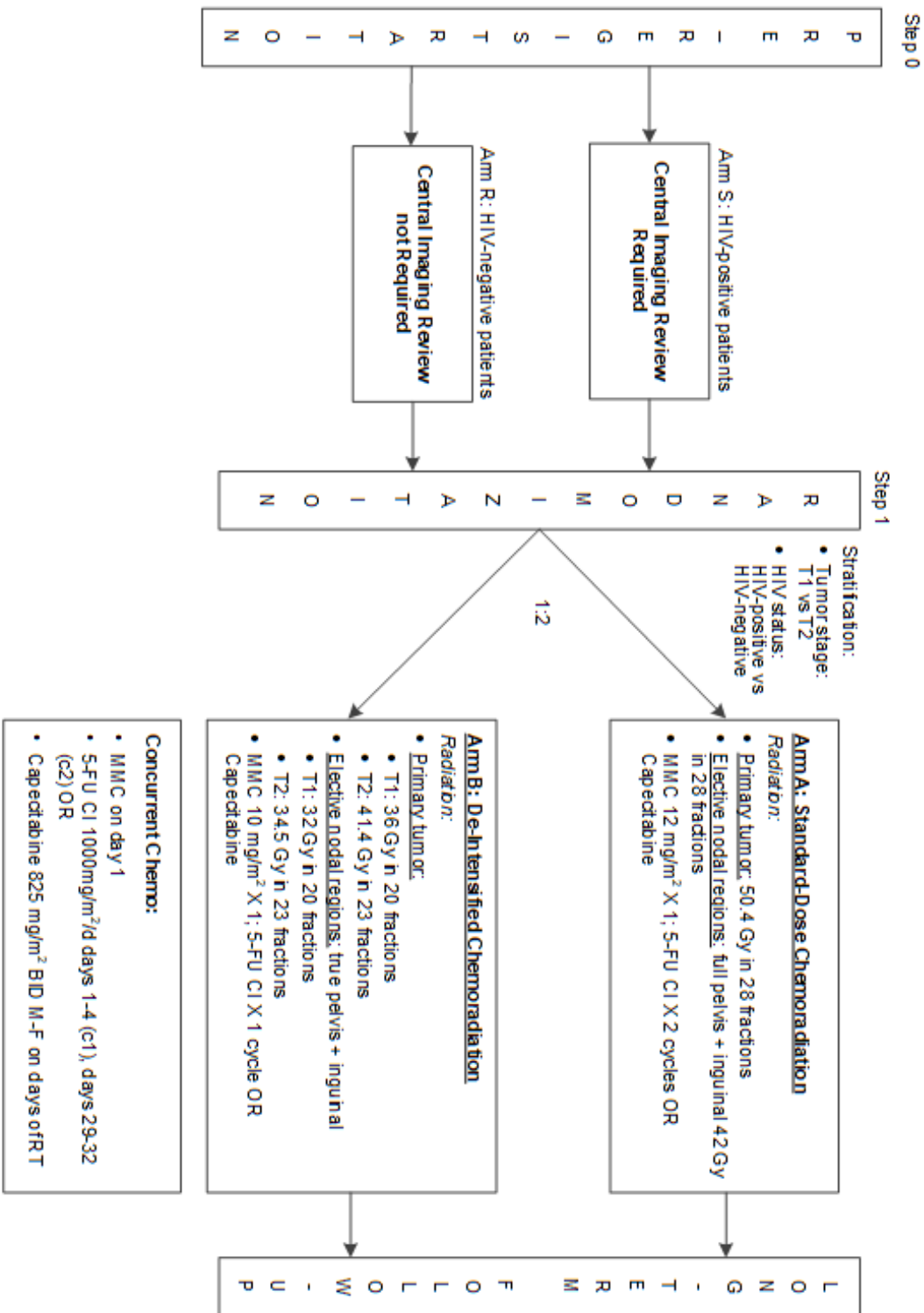
Jennifer Dorth, MD, MHSc

Study Co-Chairs:

Cathy Eng, MD
Joshua Meyer, MD

EA2182

Schema



Accrual Goal = 252

1. See section 5.3 for detailed chemotherapy regimens and dosing.