Version 04/04/22 (Add. #4)

NCI National Clinical Trials Network

EA2186/GIANT

For Older Patients with Metastatic Pancreatic Cancer

EA2186 Available Through ECOG-ACRIN Cancer Research Group

A Randomized Phase II Study of Gemcitabine and Nab-Paclitaxel Compared with 5-Fluorouracil, Leucovorin, and Liposomal Irinotecan in Older Patients with Treatment Naïve Metastatic Pancreatic Cancer (GIANT)

Patient Population

See Section 3.0 for Complete Eligibility Details

- Age ≥ 70 years, ECOG PS 0-2, and adequate lab values
- Must have newly diagnosed untreated biopsy proven metastatic adenocarcinoma of the pancreas
  - ◊ If a patient had a biopsy and the clinical picture is consistent with metastatic pancreatic cancer, another biopsy of a metastatic site is not required
  - ◊ Acinar cell/adenosquamous carcinoma/ neuroendocrine histologies are excluded
- Previous surgery, adjuvant/neoadjuvant chemotherapy and/or radiation therapy is allowed provided therapy was completed at least 6 months prior to randomization
  - ◊ Palliative radiation to a metastatic site prior to study enrollment is allowed
- Must be English speaking with the ability to understand and complete the IC and questionnaires
- HIV/HBV/HCV patients are permitted per protocol
- Patients with known history/current symptoms of cardiac disease, or history of treatment with cardiotoxic agents, should have a clinical risk assessment of cardiac function using the NYHA Functional Classification; to be eligible for this protocol, patients should be class 2 or better
- Must have measurable disease defined per protocol, and scans must be done within 4 weeks of randomization
- Patients classified to have mild-moderate abnormalities in any of the domains evaluated in the screening geriatric assessment (see protocol Section 10.1) and are classified as "vulnerable" are eligible; patients classified without any abnormalities ("fit") or with severe cognitive/functional impairment/high co-morbidity score ("frail") are ineligible
- Patient should avoid taking any medications/substances that are strong inhibitors/inducers of CYP3A4; those randomized to the liposomal irinotecan arm should avoid drugs that are UGT1A1 inhibitors

Treatment Plan

See Section 5.0 for Complete Treatment Details

1 cycle= 14 days

Patients will be randomized following completion of the geriatric assessment

Arm A:

- Gemcitabine 1000 mg/m² IV over 30 mins on day 1 of each cycle
- Nab-paclitaxel 125 mg/m² IV over 30 minutes on day 1 of each cycle
- Repeat cycles until disease progression or unacceptable toxicity

Arm B:

- 5-FU 2400 mg/m² IV over 46 hours starting day 1 of each cycle
- Leucovorin 400 mg/m² IV over 30 minutes on day 1 of each cycle
- Liposomal irinotecan 50 mg/m² IV over 90 minutes on day 1 of each cycle
- Repeat cycles until disease progression or unacceptable toxicity

All patients will be followed for response until progression, and for survival every 3-4 months for 3 years from the date of randomization

Notes:

- *Doses are based on actual body weight*
- *Dose reductions/delays will occur based on treating physician discretion and will be managed according to standard medical practice*
  - ◊ *Dose re-escalations are permitted*
  - ◊ *The maximum dose delay is 21 days*

Study Chair:
Efrat Dotan, MD

Patient Enrollment

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

Protocol Information

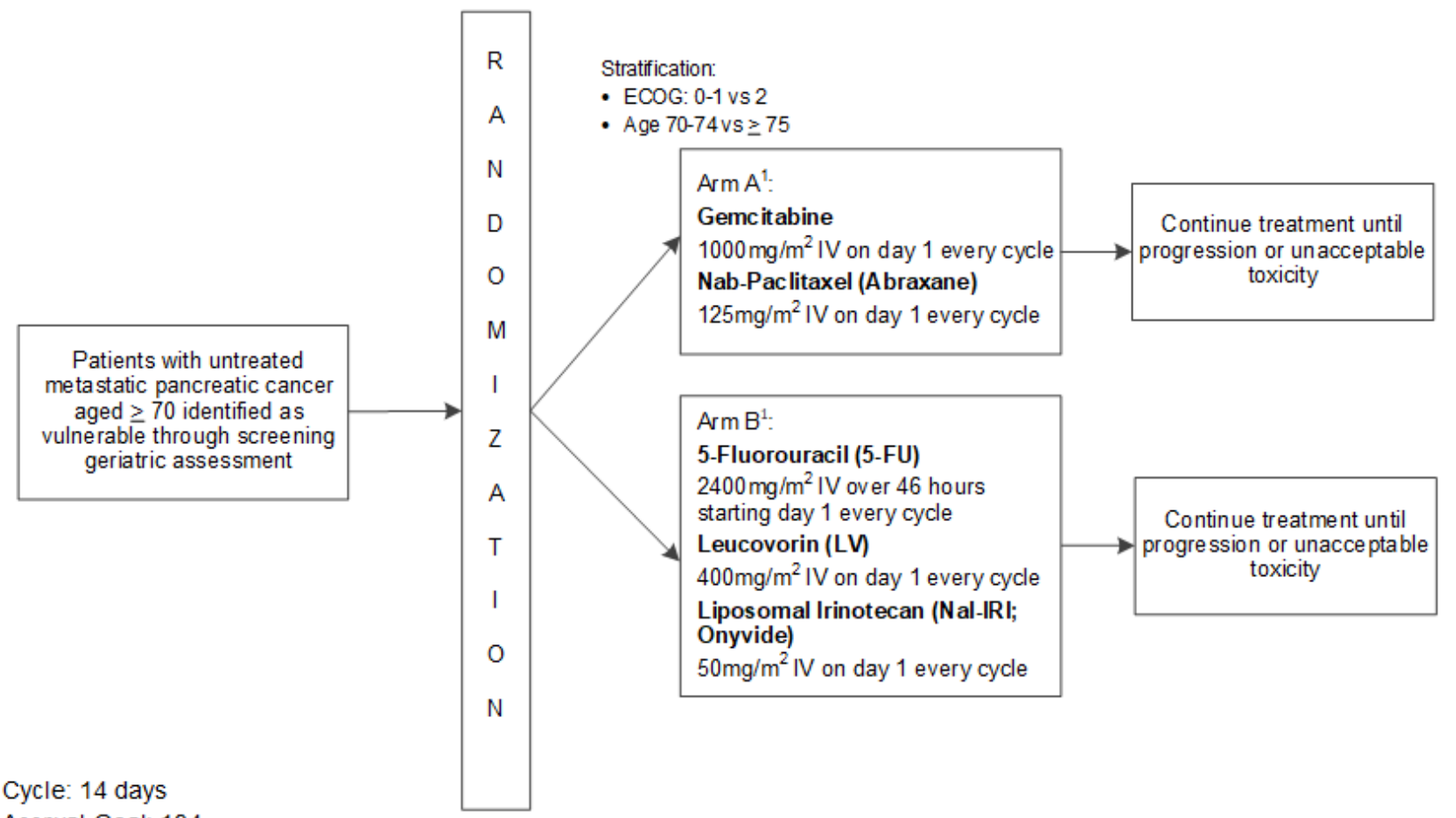
ECOG-ACRIN Operations-Boston: 857-504-2900, http://ecog-acrin.org (Member Login)

Please Enroll Your Eligible Patients!

ECOG-ACRIN cancer research group

EA2186

Schema



1. Patients will complete a comprehensive geriatric assessment and Quality of Life prior to starting treatment.