Version 03/03/22 (Add. #1)

NCI National Clinical Trials Network

EA2197/OPT-IN

For Patients with Gallbladder Cancer

EA2197 Available Through ECOG-ACRIN Cancer Research Group

Optimal Perioperative Therapy for Incidental Gallbladder Cancer (OPT-IN):
A Randomized Phase II/III Trial

Patient Population

See Section 3.0 for Complete Eligibility Details

- Age ≥ 18 years, ECOG PS 0-1, and adequate lab values
- Must have histologically-confirmed T2 or T3 gallbladder cancer discovered incidentally at the time of, or following routine cholecystectomy for presumed benign disease
- Must have undergone initial cholecystectomy within 12 weeks prior to randomization
- Must not have any evidence of metastatic disease or inoperable loco-regional disease based on high-quality, pre-operative, cross-sectional imaging (CT or MRI) of the chest, abdomen, and pelvis (C/A/P) obtained within 6 weeks prior to randomization, defined per protocol:
  - ◊ No radiographic evidence of distant disease, tumor invasion into multiple extahepatic organs, or distant lymph node involvement
  - ◊ No evidence of new-onset ascites
  - ◊ Soft tissue thickening within or in direct communication with the gallbladder fossa, peri-portal lymph node involvement, involvement of 1 extrahepatic organ, and other disease within the confines of what constitutes "localized resectable" disease are allowable
- Women must not be pregnant or breast-feeding
- HIV, HBV, and HCV patients are eligible per protocol
- Patients with a prior or concurrent malignancy whose natural history or treatment dose not have the potential to interfere with the safety or efficacy assessment of the investigational regimen are eligible
- Patients with known history or current symptoms of cardiac disease, or history of treatment with cardiotoxic agents, should be NYHA 2B or better

Treatment Plan

See Section 5.0 for Complete Treatment Details

1 cycle= 21 days

Arm A:

- Surgery: to be performed within 4 weeks of randomization
  - ◊ Staging laparoscopy prior to laparotomy; if eligible for re-resection: undergo a partial hepatectomy of segments IVb/V, portal lymphadenectomy, and any other indicated procedure in order to achieve a grossly negative resection status
  - ◊ The decision regarding eligibility for re-resection will be left to the operating surgeon
- Adjuvant chemotherapy for patients who undergo successful re-resection. Gemcitabine 1000 mg/m² IV and cisplatin 25 mg/m² days 1 and 8 of each cycle for 8 cycles

Arm B:

- Neoadjuvant chemotherapy: Gemcitabine 1000 mg/m² IV and cisplatin 25 mg/m² days 1 and 8 of each cycle for 4 cycles
- Surgery: to be performed within 8 weeks of completion of neoadjuvant chemotherapy
  - ◊ Restaging with cross-sectional imaging of the C/A/P; all patients eligible for reoperation will undergo a staging laparoscopy prior to laparotomy
  - ◊ If eligible for re-resection: undergo a partial hepatectomy of segments IVb/V, portal lymphadenectomy, and any other indicated procedure in order to achieve a grossly negative resection status
- Adjuvant chemotherapy for patients who undergo successful re-resection. Gemcitabine 1000 mg/m² IV and cisplatin 25 mg/m² days 1 and 8 of each cycle for 4 cycles

Study Chair:
Shishir K. Maithel, MD, FACS

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!

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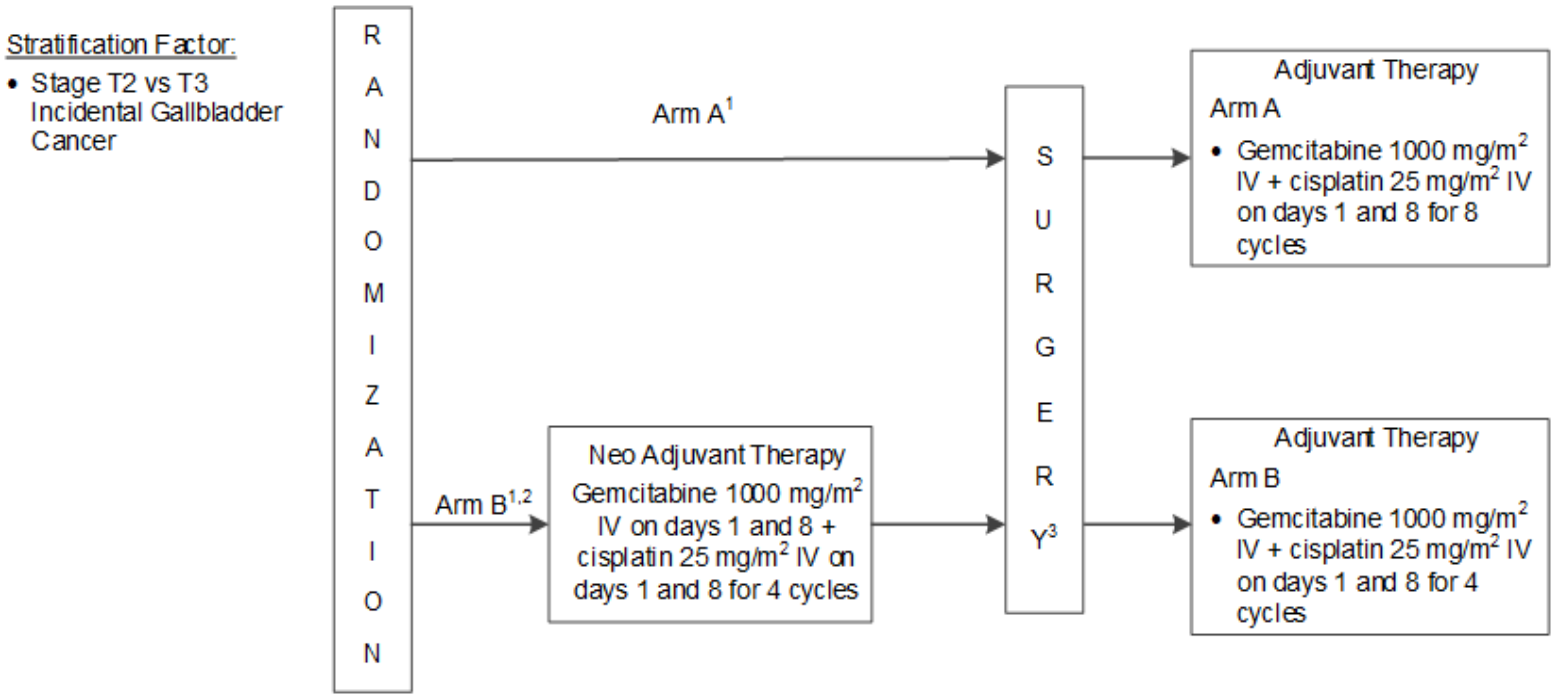
ECOG-ACRIN cancer research group

EA2197

Schema



1 cycle = 21 days

Accrual = 186 patients

Randomization will be performed in a 2:1 fashion.

1. Determination of resectability will be based on review of high quality cross sectional imaging (either CT or MRI) of the chest, abdomen and pelvis.
2. All patients will be restaged with cross sectional imaging (CT or MRI) of the chest, abdomen and pelvis at the completion of chemotherapy prior to reoperation.
3. Surgery should be performed within 4 week of randomization (Arm A) or within 8 weeks of completion of neoadjuvant chemotherapy (Arm B).