

For Patients with NPNSCC

EA3163 Available Through ECOG-ACRIN Cancer Research Group

Phase II Randomized Trial of Neoadjuvant Chemotherapy Followed by Surgery and Post-operative Radiation versus Surgery and Post-operative Radiation for Organ Preservation of T3 and T4a (and Selected T4b) Nasal and Paranasal Sinus Squamous Cell Carcinoma (NPNSCC)

Patient Population

See Section 3.0 for Complete Eligibility Details

- Age \geq 18 years, ECOG PS 0-1, adequate lab values
- Must have a general physical condition compatible with the proposed chemotherapy and surgery
- Must have stage T3 or T4a (or select T4b), histologically confirmed NPNSCC requiring orbital or skull base resection (see protocol for details); must have measurable disease per protocol
- Must be deemed surgically resectable by the surgical teams at each institution and must have a determination of degree of anticipated structure preservation of orbit and skull base prior to randomization, per protocol
- May not be receiving investigational agents at time of randomization, while on study, or during 4 weeks preceding randomization
- No history of allergic reactions attributed to compounds of similar chemical/biologic composition to docetaxel and/or both platinum-based chemotherapy agents (must be able to receive 1 chemo regimen)
- No patients with evidence of distant metastases or leptomeningeal disease
- No previous irradiation for head and neck tumor, skull base, or brain tumors
- No patients with uncontrolled intercurrent illness which in the opinion of the investigator will interfere with the ability to undergo therapy
- No patients with a history of a different malignancy, unless the disease has not progressed for \geq 2 years; patients with a prior history of squamous cell/basal carcinoma of the skin or in situ cervical cancer must have been curatively treated
- Must not have current peripheral neuropathy $>$ grade 2 at time of randomization
- No co-existing condition what would preclude full compliance with the study
- No prior history of severe hypersensitivity reaction to Docetaxel/other drugs formulated with polysorbate 80

Treatment Plan

See Section 5.0 for Complete Treatment Details

Arm A:

- Imaging scans will be obtained within 2 weeks prior to randomization and within 4 weeks prior to surgical resection
- Following surgery, patients will need to receive post-operative radiation to 60 Gy to the primary tumor and neck nodes; patients with positive margins/extracapsular spread in lymph nodes will receive 66 Gy with weekly cisplatin at 40 mg/m² x 6 weeks concurrent with radiation
 - ◇ Carboplatin AUC= 2 x 6 weeks is permitted

Arm B:

- Imaging scans will be obtained within 2 weeks prior to randomization and within 4 weeks prior to initiation of chemotherapy
- Neoadjuvant chemotherapy with 3 cycles of docetaxel 75 mg/m² with cisplatin at 75 mg/m² (or carboplatin AUC=5); administered every 21 days
- Following completion of chemotherapy, patients will proceed to surgical resection no later than 6 weeks following last dose
- Imaging scans will be obtained within 3 weeks post completion of chemotherapy
- Following surgery, patients will need to receive post-operative radiation to 60 Gy to the primary tumor and neck nodes; patients with positive margins/extracapsular spread in lymph nodes will receive 66 Gy with weekly cisplatin at 40 mg/m² x 6 weeks concurrent with radiation
 - ◇ Carboplatin AUC= 2 x 6 weeks is permitted

Notes:

- See protocol for hydration, antiemetics, surgical guidelines, and radiation details
- A +/- 2 day window is allowed for chemotherapy administration; chemotherapy may be given before or after radiation therapy

Study Chair:
Nabil Saba, MD

Co-Chair:
Derrick Lin, MD

Patient Enrollment

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

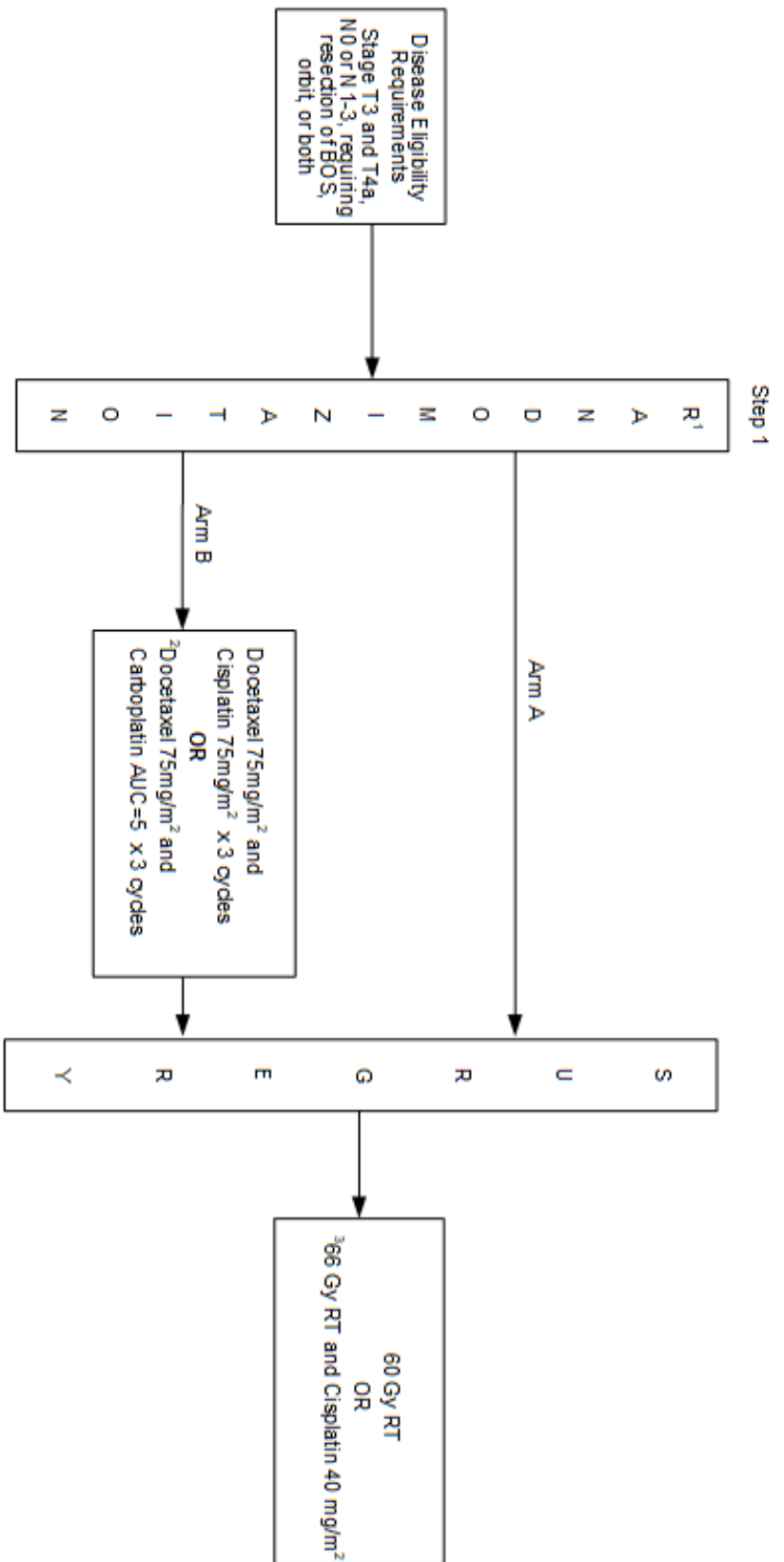
Protocol Information

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

Please Enroll Your Eligible Patients!

EA3163

Schema



1 cycle = 21 days

Accrual Goal: 82

1. Stratify by disease stage (T3 vs. T4a), and disease site involvement (orbit only vs. skull base only vs. both involved).
2. Carboplatin with an AUC=5 for patients who are ineligible to receive cisplatin.
3. Patients with positive margins / positive extracapsular spread in lymph nodes (ECS) will receive postoperative radiation therapy (66 Gy) and weekly concurrent therapy with weekly cisplatin at 40mg/m². If patients have contraindications or cannot tolerate cisplatin, carboplatin at an AUC=2 on a weekly basis for 6 weeks will be allowed