

NCI

National
Clinical
Trials
Network

EA5221 / ACHIEVE

For Older Patients with Advanced NSCLC

EA5221 Available Through ECOG-ACRIN Cancer Research Group

A Randomized Phase III Trial of Chemo-Immunotherapy vs Immunotherapy Alone for the Vulnerable Older Adult with Advanced Non-Small Cell Lung Cancer: The ACHIEVE Study

Patient Population

See Section 3 for Complete Eligibility Details

Eligibility Criteria– Step 1 Registration:

- Age ≥ 70 years, ECOG PS of 2, adequate lab values
- Must be English/Spanish speaking for the QOL component
- Histologically/cytologically confirmed NSCLC with PD-L1 TPS range of 1-49%
- Must have Stage IIIB, IIIC, or IV disease and not be candidates for combined chemo-radiation (note: prior chemo-RT for stage III with recurrence is allowed)
- Must have a tumor that is negative for EGFR mutation/ ALK translocations or other actionable first-line mutations in which patients would receive first-line oral TKI
- Must not have symptomatic central nervous system disease metastases; patients with history of CNS metastases/ cord compression are eligible per protocol; asymptomatic CNS metastases is permitted
- No prior cytotoxic chemotherapy for metastatic disease; chemotherapy in the setting of adjuvant therapy or locally advanced disease is allowed as long as treatment was completed and patient has fully recovered from treatment-related AEs prior to step 1 registration
- No prior immunotherapy for metastatic disease; immunotherapy in the setting of adjuvant therapy or locally advanced disease is allowed as long as treatment was completed greater than 6 months prior to step 1 registration
- Must not have history of uncontrolled autoimmune conditions (exceptions per protocol)
- Must not be on immunosuppressive medication, including steroids (if doses exceed the equivalent of prednisone 10 mg daily); short courses of steroids discontinued prior to randomization are acceptable; patients on inhaled, intranasal, and/or topical steroids are allowed
- Arm B: Investigator must declare the intended chemo regimen (doublet vs. singlet per protocol)

Eligibility – Step 2 Randomization: Must have completed the baseline Geriatric Assessment (GA) per protocol (after Step 1 registration and before Step 2 randomization)

Treatment Plan

See Section 5 for Complete Treatment Details

- At time of Step 1 registration, investigators will select the chemotherapy regimen (per protocol) believed to be most appropriate for the patient, should the patient be randomized to the chemo-immunotherapy arm
- After Step 1 registration and prior to Step 2 randomization, patients will complete the GA
- Then, patients may enroll to Step 2 to be randomized to Arm A or B

Arm A– Pembrolizumab:

- Induction (Cycles 1-4): Pembro 200 mg IV over 30 minutes every 3 weeks
- Maintenance (Cycles 5+): Pembro 200 mg IV every 3 weeks OR 400 mg IV every 6 weeks

Arm B– Pembrolizumab + Chemotherapy (platinum doublet or single agent):

- The baseline GA results should be reviewed prior to the final chemotherapy selection (the investigator is able to modify their original intended plan)
- Induction (Cycles 1-4): Pembro 200 mg IV every 3 weeks AND investigators choice of chemo (pemetrexed + carboplatin for non-squamous cell patients only, nab-paclitaxel + carboplatin, paclitaxel + carboplatin, nab-paclitaxel only, paclitaxel only, pemetrexed only)
- Maintenance (Cycles 5+): Patients will discontinue chemo and continue pembrolizumab alone at either 200 mg IV every 3 weeks OR 400 mg IV every 6 weeks (note that patients may continue pemetrexed with pembro during maintenance per investigator discretion)
- Maintenance treatment for both arms will continue until disease progression, unacceptable toxicity, or 2 years (after 2 years the investigator must assess whether the patient should continue therapy or go on a treatment break)

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:

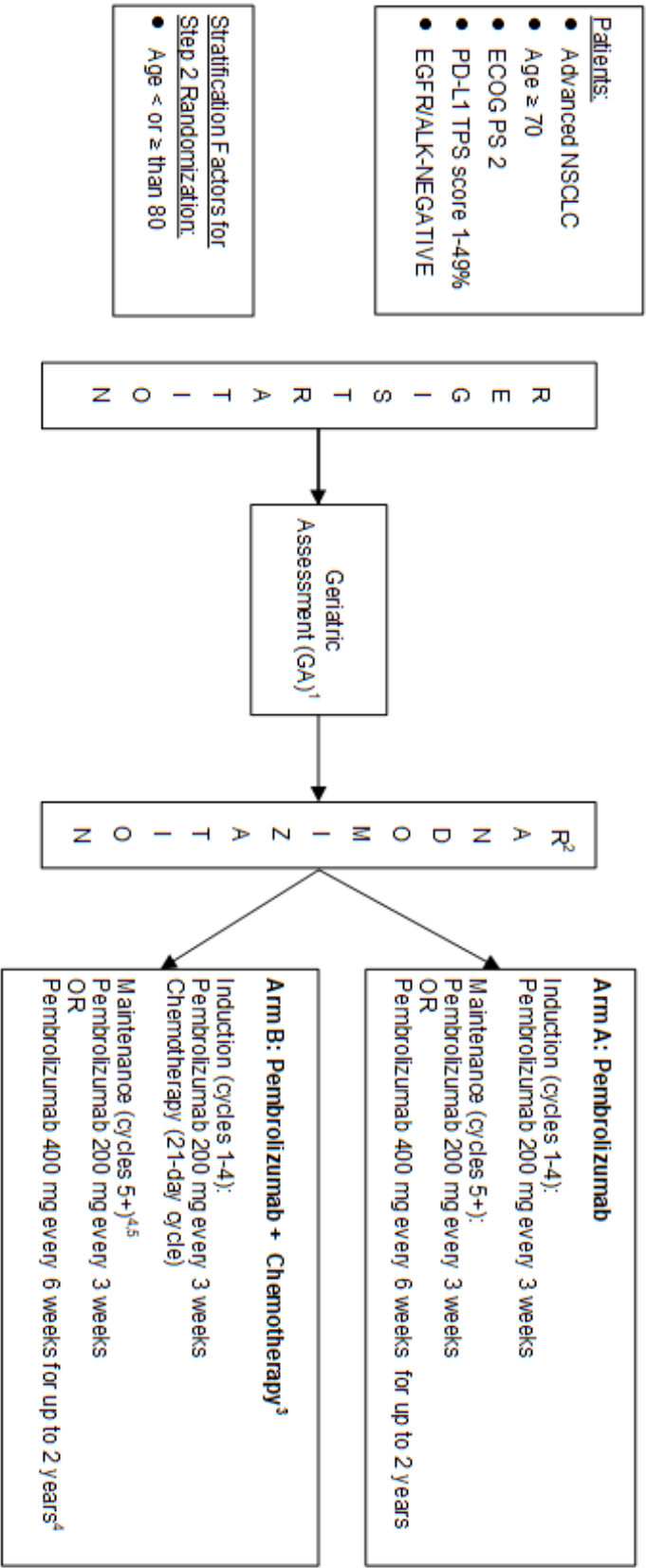
Megan Baumgart, MD

Study Co-Chair:

Balazs Halmos, MD

EA5221

Schema



1. A baseline Geriatric Assessment (GA) will be completed following Step 1 registration and prior to Step 2 randomization. Refer to Section 7.3 and Appendix V for more information.
2. 1:1 Randomization
3. Investigator's choice of either platinum doublet or single agent chemotherapy regimen as outlined in Section 5.1.3 "Chemotherapy Regimen Options"
4. Arm B Cycle 5+: Patients will discontinue chemotherapy and continue Pembrolizumab alone.
5. Arm B: Patients who initiate treatment with pemetrexed may continue pemetrexed in the maintenance phase at the discretion of the treating investigator as outlined in Section 5.1.3.2.