

NCI

National
Clinical
Trials
Network

EA5231/CLEAR

For Patients with Non-Small Cell Lung Cancer

EA5231 Available Through ECOG-ACRIN Cancer Research Group

A Randomized Phase III Trial of Checkpoint blockade in Lung cancer patients in the Adjuvant setting based on pathologic Response following neoadjuvant therapy (CLEAR)

**Please Enroll
Your Eligible
Patients!**

Patient Population

See protocol Section 3 for complete eligibility criteria

Patients will be consented and registered to Step 0 at any point from initiation of neoadjuvant chemo-immunotherapy through post-surgery. **Patients without pCR after surgery will continue to Step 1 on EA5231.** Patients with pCR after surgery will be offered enrollment in SWOG study S2414/INSIGHT instead (if available at the site)

Step 0 (Registration) Eligibility Criteria:

- ≥ 18 years of age; Stage II to select stage IIIB (N2 but excluding N3) NSCLC of any histology (IASLC 8th ed.)
- Must be one of the following: 1) planning to undergo/ currently undergoing/ recently completed any SOC neoadjuvant chemoimmunotherapy with plans to undergo surgical resection, 2) recently completed any SOC neoadjuvant chemoimmunotherapy AND completed surgical resection (awaiting pCR status), or 3) completed any SOC neoadjuvant chemo-immunotherapy AND completed surgical resection with confirmed non-path CR status

Step 1 (Randomization) Eligibility Criteria:

- Must have completed R0 resection after SOC ≥ 3 cycles of neoadjuvant treatment; must have non-pathological CR status post-surgery
- ECOG PS 0-2/Karnofsky ≥ 60%; adequate lab values ≤ 28 days prior to Step 1 randomization; body weight > 30 kg
- No known EGFR/ALK genetic alterations
- Must have chest CT after surgery and ≤ 28 days prior to Step 1 randomization
- Must not have experienced a toxicity that led to the permanent discontinuation of prior immunotherapy
- Must not be receiving ongoing steroids at a dose of 10 mg prednisone or higher (or equivalent); no history of treatment-related pneumonitis per protocol
- Must not have received/plan to receive post-op RT
- No history of interstitial lung disease, active primary immunodeficiency, or allogeneic organ transplant
- Must not have a diagnosis of ataxia telangiectasia

Treatment Plan

See protocol Section 5 for complete treatment details

For patients without a pathologic complete response after surgery (Step 1 randomization 1:1):

- 1 cycle = 28 days
- **Arm A:** Durvalumab alone for 12 cycles
 - ◇ Durvalumab 1500 mg IV on Day 1 of each cycle
- **Arm B:** AZD6738 (cerasertib) + Durvalumab for 12 cycles
 - ◇ AZD6738 (cerasertib): 240 mg (2 x 120 mg tablets) PO BID, Days 1-7 of each cycle
 - ◇ Durvalumab 1500 mg IV on Day 8 of each cycle

Note:

- Patients must initiate treatment (C1D1) within 4-12 weeks following surgery
- Interruption of > 12 weeks between 2 consecutive cycles will result in discontinuation of study treatment
- If durvalumab is permanently discontinued, AZD6738 (cerasertib) must also be discontinued
- There are no permitted dose modifications for durvalumab or dose re-escalations for AZD6738 (cerasertib)
- If one agent is temporarily held due to toxicity related to that agent alone, treatment with the other agent may continue

Study Chair:
Dwight Owen, MD, MSc

Study Co-Chair:
Charu Aggarwal, MD, MPH

NCTN Study Champions:
• **SWOG:** Jeremy Cetnar, MD

Patient Enrollment (Oncology Patient Enrollment Network [OPEN])



<https://open.ctsu.org/open>



1-888-823-5923

Protocol Information (ECOG-ACRIN Operations – Boston)



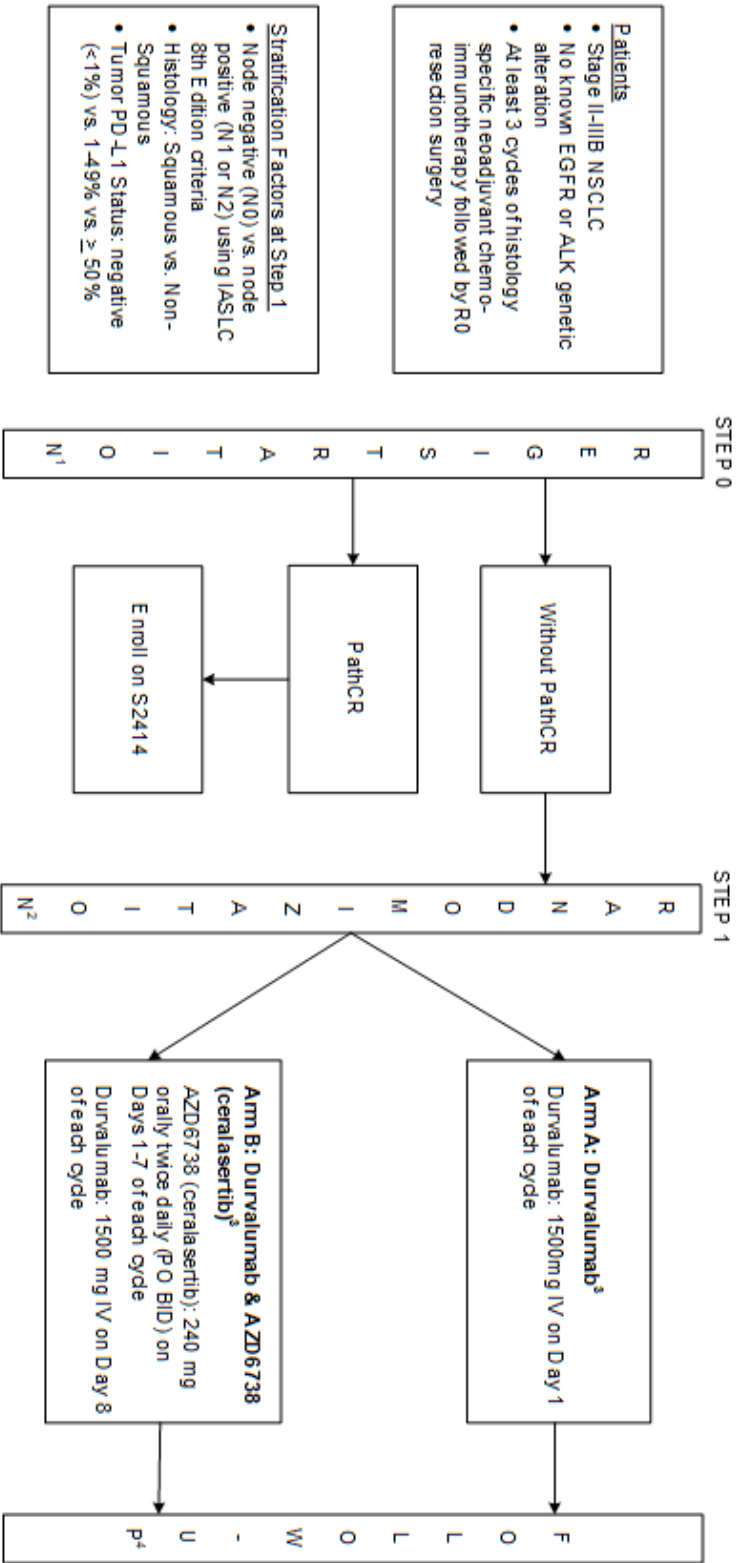
<http://ecog-acrin.org> (Member Login)



1-857-504-2900

EA5231

Schema



N = 630
1 Cycle = 28 days

1. Step 0 Registration can occur at any time from initiation of neoadjuvant chemotherapy to post surgery. Patients will then either enroll to Step 1 on EA5231 if they do not have a pathologic complete response (pathCR) post-surgery or be offered enrollment on SWOG protocol S2414 if they have pCR post-surgery. Patient must initiate EA5231 treatment (i.e., D1 of Cycle 1) within 4-12 weeks following surgery
2. Randomization is 1:1
3. Treatment is given for a total of 12 cycles. 1 Cycle = 28 days
4. Patients will be followed for response until progression and for survival for 10 years from the date of Step 1 randomization