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NCI National Clinical Trials Network

# EA1242/RxFINE-Low

## For Patients with Breast Cancer

***Please Enroll Your Eligible Patients!***

### EA1242 Available Through ECOG-ACRIN Cancer Research Group

A Phase III Trial of Rx Therapy Guided by Genomic Risk Assessment For High Anatomic Stage ER-pos/HER2-neg Breast Cancer with RS ≤ 25 (RxFINE-Low)

### Patient Population

*See protocol Section 3 for complete eligibility criteria*

**Step 0 (Pre-registration) Eligibility Criteria:**

- Age ≥ 18 years; ECOG PS 0-2 within 28 days prior to Step 0
- Must be postmenopausal per criterion 3.1.3
- Adequate labs and cardiac function (12-lead ECG and NYHA class ≥ 2 required) within 28 days prior to Step 0
- Must meet 1 of the following staging criteria (AJCC 8th ed.) post-operatively (see criterion 3.1.4 for details):
  - ◊ pT0-T3 with 3 positive ipsilateral LNs (micro– or macrometastatic disease) and no planned ALND after definitive surgery (curative intent) in breast and axilla
  - ◊ pT0-T3 with N2 or N3
  - ◊ pT3 with N0-N3
- Must have primary breast tumor that is ER-pos (> 10% ER expression by IHC [2020 ASCO/CAP]) and HER2-neg (current ASCO/CAP utilizing IHC and/or FISH)
- May have multicentric/multifocal breast cancer per protocol
- If post-lumpectomy, resection/re-excision margins must be histologically free of invasive tumor and DCIS (see criterion 3.1.8); if post-mastectomy, margins must be free of residual gross tumor (microscopic positive margins eligible if post-mastectomy chest wall RT will be administered)
- Must have had axillary staging with SLNB, TAD, or ALND
- Must have no evidence of locoregional/distant metastatic disease by clinical history and physical exam
- Able to have Oncotype DX testing (or previously performed with RS result available/meeting criteria; see criterion 3.1.12)
- Final breast cancer surgery (including re-excision of margins; excluding reconstruction) done < 16 weeks prior to Step 0)
- Patients with synchronous DCIS/LCIS are eligible
- No prior history of invasive ER-pos breast cancer
- Must not have received: endocrine therapy within 5 years prior to Step 0 (exception per criterion 3.1.18); prior chemotherapy for this malignancy; prior CDK4/6 inhibitor
- Must not be concurrently using HRT

**Step 1 (Randomization) Eligibility Criteria:**

- No major surgery or RT ≤ 14 days of Step 1 randomization
- Oncotype DX RS of 0-25 from diagnostic biopsy/surgical specimen

### Treatment Plan

*See protocol Section 5 for complete treatment details*

**Arm A: SOC Adjuvant Chemotherapy + Adjuvant Endocrine Therapy with Ribociclib:**

- Physician's choice of SOC adjuvant chemotherapy regimen (per NCCN guidelines) after definitive surgery (must be given prior to endocrine therapy and CDK4/6 inhibitor)
  - ◊ Dosing, schedule, administration, number/length of cycles will follow institutional standards/NCCN guidelines
- Physician's choice of adjuvant endocrine therapy (letrozole 2.5 mg, *or* anastrozole 1 mg, *or* exemestane 25 mg, PO QD Days 1-28 [cycle=28 days])
  - ◊ Must be in accordance with ribociclib combination guidelines while receiving ribociclib
  - ◊ Continue for 60 months from randomization (further treatment per physician discretion)
- Ribociclib: 400 mg PO QD Days 1-21(off D22-28)
  - ◊ Tamoxifen + ribociclib combo not allowed (tamoxifen is allowed if approved in combination with another CDK4/6i that does not have a drug interaction with tamoxifen)
  - ◊ Continue treatment for 3 years, or until recurrence or unacceptable toxicity
  - ◊ Patients who develop unacceptable toxicity to ribociclib or aromatase inhibitors may switch (see Sections 5.1.3/5.2.2)

**Arm B: Endocrine Therapy with Ribociclib:**

- Adjuvant endocrine therapy: Same as Arm A
- Ribociclib: Same as Arm A

**Note– BOTH Arms:**

- Male patients must receive LH-RH agonist as clinically indicated; choice of agent, dosing, and schedule per institutional standards/NCCN guidelines
- Adjuvant RT (as clinically indicated): dosing, schedule, administration, and length per institutional standards/NCCN guidelines; should be given prior to initiation of endocrine therapy and CDK4/6i
- Supportive care recommendations: see Section 5.6


**Study Chair:**
Nancy Chan, MD

**Study Co-Chair:**
Alexandra Thomas, MD, FACP, FASCO


**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

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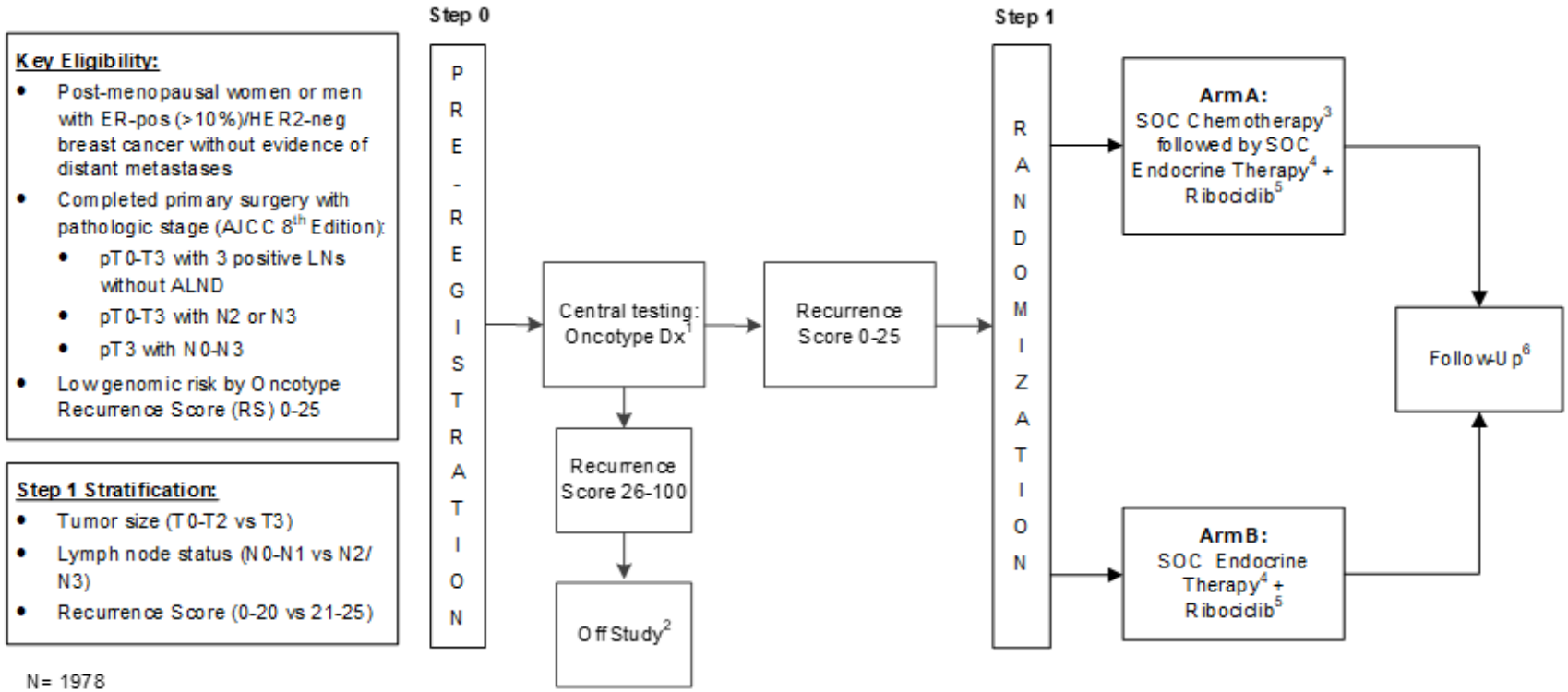
ECOG-ACRIN cancer research group

# EA1242

## Schema




1. Prior Oncotype DX testing performed on diagnostic core biopsy or tumor from definitive surgery is acceptable and does not require repeat central testing. If patient does not yet have prior Oncotype testing, tumor tissue specimens must be submitted for central Oncotype DX assay testing for confirmation of eligibility and stratification prior to Step 1 (randomization). Patients with a Recurrence Score of 0-25 will proceed to Step 1 (randomization). Those with a Recurrence Score of 26-100 are not eligible and will go off study.
2. Patients are encouraged to participate in S2206 if they have not yet completed definitive surgery.
3. See Section 5.1.1 for more information on allowable chemotherapy regimen options per NCCN guidelines.
4. See Section 5.1.2 for more information on allowable endocrine therapy options per NCCN guidelines. Endocrine Therapy will be given for at least 60 months.
5. Ribociclib treatment will continue until recurrence, unacceptable toxicity, or a maximum of 3 years of ribociclib.
6. Patients will be followed for 10 years.