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INSIDE PMB

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NCI Investigational Agent (Drug) Accountability Record Forms (DARFs) for EAY131 (NCI MATCH)

EAY131 DARFs are protocol-specific

1 Maintain separate DARFs for each agent, strength, formulation and ordering investigator.

EAY131 DARFs are NOT subprotocol-specific

2 Agent accounted for on a single DARF can be used across EAY131 subprotocols with the same agent, strength, and formulation. The shipment record for any agent contains the NCI Protocol # EAY131, indicating the supply is not for a specific subprotocol.

EAY131 DARFs are NOT patient-specific

3 Agent accounted for on a single DARF can be used to treat multiple patients on the same agent, strength, and formulation. Agents that are used across EAY131 subprotocols can be used for any subject enrolled to those subprotocols

For more information refer to PMB's Investigational Drug Accountability Training Video on DARF Basics that reviews when separate DARFs are required.

http://ctep.cancer.gov/branches/pmb/drug_training_videos.htm

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Inside:

Local Destruction

When PMB performs a Stock Recovery Notification for an agent considered a Dangerous Good or Infectious Substance for transportation purposes, the Stock Recovery Notification letter will provide instructions on requesting local destruction. International sites should request local destruction of all agents when a Stock Recovery Notification is sent to avoid complications with importation.

There are multiple steps in the process:

- Request authorization for local destruction by completing the request form and e-mailing to PMB at PMBafterhours@mail.nih.gov
- If the request is valid, you will receive an authorization letter to perform the local destruction.
- Upon receipt of the authorization, proceed with destruction according to institutional policy and applicable regulations and record destruction of the supply on the appropriate DARF.
- Certify destruction by signing the site's portion of the authorization letter and return to PMB with a copy of the DARF page with the destruction recorded. Sites are required to return this documentation within 30 days of PMB authorization or the authorization will be rescinded.
- Once PMB reviews the destruction documentation a **Return Number** will be generated by PMB and sent back to you. File the completed authorization, with the Return Number, with your DARF for auditing purposes.

If you don't have a RETURN NUMBER from PMB, you have not yet completed the entire Local Destruction Approval process. Follow instruction in each section to avoid a rescission of local destruction approval. For questions or concerns, contact PMB at PMBafterhours@mail.nih.gov or call (240) 276-6575.

The local destruction training video is coming!

IB Access in OAOP

PMB often gets queries about difficulties in opening the IB documents in OAOP. A majority of the issues are the result of the pop-up blocker being turned on in the user's internet browser. The IB documents will open in a new window once the confidentiality statement is accepted. Please make sure your pop-up blocker is turned off so the documents will open.

Order Submission Through OAOP

For some protocols and some agents, it is not feasible to accommodate starter supply requests due to limits on agent supplies. We all need to be cognizant of the extreme amount of waste that is occurring due to supplies being ordered and then returned unused. This includes the routine practice of ordering every strength of every agent on a trial for all treatment arms upon site activation. Please communicate with your site research staff so you are all on the same page with respect to the timing of new patient enrollments, treatment assignments and dose modifications. Orders can be expedited Monday-Thursday for next-day delivery when you provide your courier information.

New Agents in CTEP Pipeline

Atezolizumab (NSC 783608): An anti-PD-L1 monoclonal antibody that may be explored in potential lead diseases such as alveolar soft part sarcoma, invasive breast carcinoma, solid tumor, breast cancer, fallopian tube carcinoma, and urothelial tract/bladder cancer. Atezolizumab is available as 60 mg/mL vials.

LMP744 (NSC 706744): An indenoisoquinoline inhibitor of topoisomerase 1 available as a 15 mg vial for use in Lymphoma.

T-VEC; Talimogene laherparepvec (NSC 785349): An oncolytic immunotherapy based on a modified herpes simplex virus type-1. T-VEC is available in 2 vial sizes with color code caps: **green** (10^6 PFU/mL) and **blue** (10^8 PFU/mL).

AZD9291 (Osimertinib/ NSC 781254): An oral, irreversible inhibitor of the tyrosine kinase activity of epidermal growth factor receptor activating mutation (EGFRm+) and resistance mutation (T790M+). The agent is currently being explored in NSCLC. AZD9291 is available as 40 mg and 80 mg tablets in 35-count bottles.

Loxo-101 (NSC 788607): An oral, ATP-competitive, selective inhibitor of the tropomyosin-related kinase (TRK) family of neurotrophin receptors. It inhibits all three known TRK receptors: TRKA, TRKB and TRKC. Loxo-101 is supplied as 25 mg and 100 mg capsules in 100-count HDPE bottles.

NCI-MATCH Resumed Screening May 31

EAY131 or NCI-MATCH, a large phase II precision medicine study led by ECOG-ACRIN and the NCI, first opened in August 2015 with 10 treatment arms and the potential for screening 3000 patients. After screening more than 700 patients in less than 4 months, accrual paused in November 2015 for interim analysis available for review at http://ecog-acrin.org/nci-match-eay131/interim-analysis.

The hiatus provided an opportunity to activate a significant protocol amendment that included addition of 14 more treatment arms, increased screening potential to 5000, expanded laboratory capacity and provided the option to use archived biopsy tissue samples.

Accrual to the screening step is brisk since re-opening and sequencing turnaround is reduced to 2-3 weeks. Agents for all 24 arms are listed below and available for ordering from the PMB after patient assignment.

Target Agent/s	Molecular Targets
Arm A: Afatinib	EGFR activating mutations
Arm B: Afatinib	HER2 activating mutations
Arm C1: Crizotinib	MET amplification
Arm C2: Crizotinib	MET exon 14 deletion
Arm E: AZD9291	EGFR T790M mutations and rare EGFR activating mutations
Arm F: Crizotinib	ALK rearrangement
Arm G: Crizotinib	ROS1 translocations
Arm H: Dabrafenib/Trametinib	BRAF V600E or V600K mutations
Arm I: GDC-0032 (taselisib)	PIK3A mutations
Arm N: GSK2636771	PTEN mutations
Arm P: GSK2636771	PTEN loss
Arm Q: Ado-trastuzumab emtansine	HER2 amplifications
Arm R: Trametinib	BRAF fusions/non-V600E/non-V600K BRAF mutations
Arm S1: Trametinib	NF1 mutations
Arm S2: Trametinib	GNAQ/GNA11 mutations
Arm T: GDC-0449 (vismodegib)	SMO/PTCH1 mutations
Arm U: VS6063 (defactinib)	NF2 loss
Arm V: Sunitinib	cKIT mutations
Arm W: AZD4547	FGFR1/2/3 mutations
Arm X: Dasatinib	DDR2 mutations
Arm Y: AZD5363	AKT1 mutations
Arm Z1A: Binimetinib	NRAS mutations
Arm Z1B: Palbociclib	CCND1,2,3 amplifications
Arm Z1D: Nivolumab	Mismatch repair deficiency

For more information, visit http://www.cancer.gov/about-cancer/treatment/clinical-trials/nci-supported/nci-match#8