Version 08/20/20 (Add. #7)

NCI National Clinical Trials Network

EA1131

ECOG-ACRIN cancer research group
Reshaping the future of patient care

For Patients with Breast Cancer

EA1131 Available Through ECOG-ACRIN Cancer Research Group

A Randomized Phase III Post-Operative Trial of Platinum Based Chemotherapy vs. Capecitabine in Patients with Residual Triple-Negative Breast Cancer following Neoadjuvant Chemotherapy

Patient Population

See Section 3.0 for Complete Eligibility Details

Screening and Molecular Profiling Eligibility (Step 0):

- Age ≥18 years, ECOG PS 0-1, and adequate lab values
- Must have histologically confirmed invasive breast cancer that meets the criteria per protocol
- Must have received neoadjuvant taxane +/- anthracycline, or cisplatin/carboplatin/capecitabine as part of their neoadjuvant regimen (see protocol for exceptions)
- Must have completed definitive resection of primary tumor (see protocol for additional details)
- Post neoadjuvant chemotherapy, patients must be found to have residual invasive cancer in the breast at the time of definitive surgery (measuring ≥ 1 cm in the biggest lesion, with more than minimal cellularity); DCIS without invasion does not qualify
- Post-mastectomy radiotherapy is required for certain patients per protocol; breast radiotherapy (whole or partial) is required for patients who underwent breast-conserving therapy, including lumpectomy or partial mastectomy
- No history of TNBC invasive breast cancer within 5 years of enrollment; no concurrent invasive malignancies per protocol
- No patients with active ≥ CTCAE v4 gr 2 neuropathy
- No adjuvant chemotherapy after surgery other than that specified per protocol

Randomization Eligibility (Step 1):

- Must have confirmation of FFPE of the residual disease in the breast resected at the time of definitive surgery
- Radiotherapy may be given before or after protocol treatment, but if given prior, must be completed ≥ 2 weeks before randomization, if applicable
- Randomization within 24 weeks from surgery
- Not pregnant or breast-feeding
- Adequate lab values

Treatment Plan

See Section 5.0 for Complete Treatment Details

Arm A: *Observation; closed to accrual in Add. #3*

Arm B:

- Cisplatin 75 mg/m², IV infusion per institutional guidelines, day 1 every 3 weeks **OR**
- Carboplatin AUC 6, IV infusion per institutional guidelines, day 1 every 3 weeks
- Repeat cycles every 3 weeks for a total of 4 cycles (12 weeks)

Notes:

- *Doses are based on actual body weight*
- *The Calvert Formula is used for carboplatin dosing; carboplatin dose caps are allowed and may be implemented per institutional guidelines*
- *Choice of platinum agent will be per treating physician; once a platinum agent is picked, no changes are allowed*
- *Treatment cycles should be no less than 19 days apart*
- *All patients will be followed for development of recurrences, second primary cancer and survival*

Arm C:

- Capecitabine 1000 mg/m², PO twice daily, on days 1-14 every 3 weeks for a total of 6 cycles (18 weeks)

Notes:

- *Treatment cycles should be no less than 19 days apart*
- *See protocol for guidance on rounding capecitabine; adjustments based on weight changes are not necessary until there is ≥ 10% change in weight compared to baseline*
- *Tablets should be swallowed whole, 30 minutes after a meal*
- *Dose escalations after dose reductions for safety are not permitted*
- *Missed doses beyond 3 hours of regular intake time should not be taken; dose should not be replaced if vomited*

Study Chair:
Ingrid A. Mayer, MD, MSCI

Co-Chair:
Carlos L. Arteaga, MD

Patient Enrollment

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

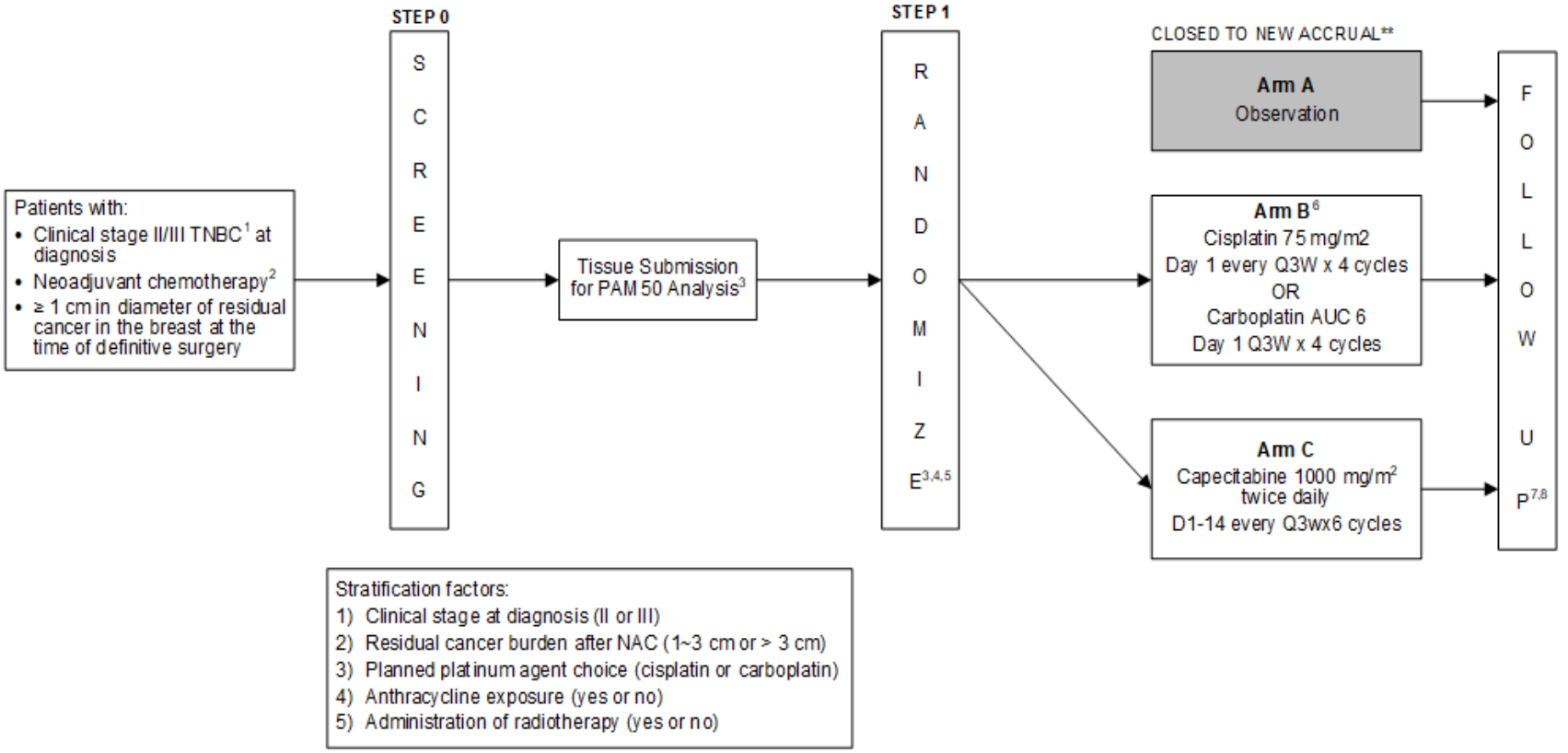
Protocol Information

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

Please Enroll Your Eligible Patients!

EA1131

Schema



Accrual = 775
1 cycle = 3 weeks

1. TNBC: ER/PR 1 to ≤ 10% positive staining with weak intensity score, or ≤ 1% positive staining; HER2 negative per ASCO guidelines.
2. Taxane ± anthracycline based; platinum agents or capecitabine not allowed.
3. Tumor tissue from the residual disease on the definitive surgical specimen must have been received by ECOG-ACRIN Central Biorepository and Pathology Facility (EACBPF) for PAM50 analysis/ determination of patient eligibility as outlined in Section 10. Patients cannot be randomized to treatment until institution receives confirmation of tissue receipt/ eligibility from ECOG-ACRIN.tion 10.2.
4. Females of child-bearing potential must have a blood test or urine study within 2 weeks prior to treatment initiation to rule out pregnancy.
5. Radiation therapy (when applicable) may be completed before or after protocol treatment. If performed before protocol treatment, it needs to be completed prior to randomization.
6. Choice of platinum agent will be per treating physician discretion.
7. Primary endpoint: IDFS in patient with basal-like TNBC.
8. Secondary endpoints: IDFS in patient with non-basal-like TNBC, OS and RFS.

**Arm A closed to new accrual in Addendum #3. New patients are randomized to Arm B or C