S1800A Drug Combo Improved NSCLC Survival

Lung-MAP sub-study S1800A results are in: patients with advanced non-small cell lung cancer (NSCLC) whose cancer had progressed on previous immunotherapy lived significantly longer when treated with a combination of ramucirumab and pembrolizumab than when treated with one of the then-current standard therapies.

These exciting findings were reported in an oral presentation at the American Society of Clinical Oncology (ASCO) 2022 annual meeting in Chicago last month and were simultaneously published in the Journal of Clinical Oncology. The study was led by oncologists Karen Reckamp, MD, MS, and Konstantin H. Dragnev, MD, with biostatisticians Mary W. Redman, PhD, and Katherine Minichiello, MS. Read the details in the press release linked at lung-map.org/news-media!

S1900F: Lung-MAP’s Newest Sub-Study

Sub-study S1900F has just been activated! It’s a randomized phase II study of carboplatin and pemetrexed with or without selpercatinib in patients with non-squamous, RET fusion-positive stage IV NSCLC that progressed on prior RET-directed therapy. Check out the S1900F webinar recording and training materials linked from swog.org/required-lung-map-training.
HELP WANTED: Make Lung-MAP Accrual More Representative

Lung-MAP statisticians led by Riha Vaidya, PhD, analyzed the representativeness of patients enrolled to Lung-MAP and presented the results at the ASCO 2022 annual meeting last month. Using multiple demographic factors, they compared Lung-MAP patients to patients enrolled on other trials in advanced NSCLC and to the overall US population of patients with the disease.

- Compared to other trials in advanced NSCLC, Lung-MAP enrolled more patients from rural areas, more with Medicaid or no insurance, and more from the most deprived neighborhoods.
- Lung-MAP enrolled a greater percentage of older patients than other trials in this space, but it fell well short of the percentage of older patients among those with advanced NSCLC in the US overall.
- Compared to the US population of patients with advanced NSCLC, racial and ethnic minorities were underrepresented in Lung-MAP.

This is where you come in. To improve these statistics, we need your help:
- What can Lung-MAP do to support more representative accrual?
- How can patient advocate partners help in these efforts?
- If your site has highly representative accrual, what strategies have worked for you?
- What strategies have been unsuccessful?
- Are there barriers to participation that need to be identified and addressed?

We need your answers. Please send your responses to the questions above to the Lung-MAP accrual enhancement committee at lungmapAEC@swog.org.

Keshia Bowen, RN

Keshia Bowen, RN, is a research coordinator in oncology at the Edwards Comprehensive Cancer Center in West Virginia. She has 30 years’ experience as a hospital nurse, most of it in oncology, including a stint as an infusion nurse before transferring to the research department eight years ago. Keshia loves learning, gardening, helping people, and ... the Georgia Bulldogs (describing herself as the “biggest Georgia Bulldogs fan there is”).

CONTINUED ON THE NEXT PAGE
A lung cancer precision medicine trial

Liz Edwards, BA, CCRP, oversees centralized NCTN study management at Oregon Health & Science University in Portland. With more than 15 years of experience in hematology/oncology — half of that in clinical research — she has helped the OHSU program grow to offer more than 75 NCTN trials, and she trains and mentors on compliance and quality of care. An avid explorer — of the Grand Canyon, the Caribbean, the Greek islands, and more — she’s now lining up her next odyssey: backpacking in Yosemite.

Sonia Hernandez, RN, OCN, is a clinical research nurse with the Northside Hospital Cancer Institute at the Georgia NCORP and has worked in oncology for 22 years, the last five in clinical research, helping give patients from across the state the opportunity to participate in clinical trials. Also a huge fan of the Georgia Bulldogs, we can guess what she and Keshia Bowen, RN, (above) probably talk about in the halls after SCC meetings!

TOP-ACCRUING SITES TO LUNGMAP*

1. UPMC Hillman Cancer Center Pittsburgh, PA 148
2. Wilmot Cancer Institute Univ of Rochester Rochester, NY 46
3. UNM Comprehensive Cancer Center Albuquerque, NM 44
4. Edwards Comprehensive Cancer Center Huntington, WV 42
5. Mercy Medical Center Canton, OH 41
6. Missouri Baptist Medical Center St. Louis, MO 34
7. VA Connecticut Healthcare System – West Haven West Haven, CT 31
8. Baystate Medical Center Springfield, MA 29
9. Stephenson Cancer Center Univ of Oklahoma HSC Oklahoma City, OK 29
10. AnMed Health Cancer Center Anderson, SC 28

TOP-ACCRUING SITES TO ACTIVE LUNG-MAP SUB-STUDIES*

S1800D UC Davis Comprehensive Cancer Center Davis, CA 6
S1900E UPMC Hillman Cancer Center Pittsburgh, PA 6

As of July 19, 2022

The new LUNGMAP protocol has logged:

- 2,588 screening registrations
- 1,386 sub-study assignments
- 369 sub-study registrations

*As of July 19, 2022

CONTACT US

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Funding Questions funding@swog.org
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