

CTSU (ECOG) PACCT-1: Program for the Assessment of Clinical Cancer Tests: Trial Assigning Individualized Options for Treatment; The TAILORx Trial

FAST FACTS

ELIGIBILITY CRITERIA

This study involves a pre-registration and a registration/randomization. All time frames for pre-study scan and lab values and other requirements will be based on the date of pre-registration.

1. Patients with operable histologically confirmed adenocarcinoma of the female breast who have completed primary surgical treatment.
2. Patients must be ER and/or PR-positive.
3. Patients must have negative axillary nodes as assessed by a sentinel lymph node biopsy, an axillary dissection, or both procedures as defined by the 6th Edition of the AJCC staging criteria.
4. Tumor size must be 1.1-5.0cm (or 5 mm-1.0 cm plus unfavorable histological features). Unfavorable features defined as intermediate or poor nuclear and/or histologic grade, or lymphovascular invasion.
5. Tumor must be Her2/neu negative by either fluorescent in-situ hybridization (FISH) or immunohistochemistry (e.g. 0 or 1+ by DAKO Herceptest)
6. Patient must be agreeable to initiate standard chemotherapy and hormonal therapy as adjuvant therapy. The standard chemotherapy and hormonal therapy options permitted are described in Appendix II and Appendix III.
7. A tissue specimen from the primary breast cancer must be located and is ready to be shipped to the appropriate lab after consent is obtained and within 3 days following pre-registration (See section 10).
 - For determination of the *Oncotype* Recurrence Score, tissue must be shipped to Genomic Health. If the *Oncotype* DX Recurrence Score was previously performed by Genomic Health (prior to pre-registration), tissue must be submitted to the ECOG Pathology Coordinating Office upon randomization.
8. Patients must be ≥ 18 years and ≤ 75 years. Patients must be less than 76 years of age because patients will be followed for up to 20 years and because the primary study endpoints are based upon a 10 year endpoint.
9. Patients must have the following laboratory values within 4 weeks prior to pre-registration:
 - Leukocyte Count $\geq 3500/\text{mm}^3$
 - Platelets $\geq 100,000/\text{mm}^3$
 - Serum Creatinine $< 1.5\text{mg/dL}$
 - Serum Aspartate Transaminase (AST) $\leq 3 \times \text{UILN}$
10. Patients must be disease-free of prior invasive malignancies for ≥ 5 years with the exception of curatively-treated basal cell or squamous cell carcinoma of the skin or carcinoma *in situ* of the cervix. Patients with a previous ipsilateral or contralateral invasive breast cancer, or with bilateral synchronous cancers, are NOT eligible. Patients with previous ipsilateral or contralateral DCIS are NOT eligible.

PRIOR TREATMENT

1. Mandatory prior surgery criteria:
 - Patient must pre-register within 84 days from the final surgical procedure required to adequately treat the primary tumor.
 - All tumors should be removed by either a mastectomy or local excision plus an acceptable axillary procedure (i.e., sentinel lymph node biopsy, axillary dissection, or both). There must be adequate (at least 1 mm, i.e. > 1 mm, if margin width specified) tumor-free margins of resection (for invasive and ductal carcinoma in-situ) in order for the patients to be eligible. Patients with lobular carcinoma in-situ involving the resection margins are eligible.
2. No prior chemotherapy for this malignancy.
3. No prior radiation therapy for this malignancy. This includes no prior MammoSite Brachytherapy RT.
4. Hormonal therapy: Patients who develop breast cancer while receiving a selective estrogen-receptor modulator (SERM: e.g., tamoxifen, toremifene, raloxifene) or an aromatase inhibitor (e.g., anastrozole, letrozole, exemestane) for breast cancer prevention or a SERM for other indications (e.g., raloxifene for osteoporosis) are NOT eligible. However, patients may have received up to 8 weeks of a SERM or aromatase inhibitor for this malignancy and still be eligible for study entry.
5. Patients must have an anticipated life expectancy of at least 10 years. Patients with the following medical conditions should NOT be enrolled on the study:
 - a. Chronic obstructive pulmonary disease requiring treatment

- b. Chronic liver disease (e.g. cirrhosis, chronic active hepatitis)
 - c. Previous history of cerebrovascular accident
 - d. History of congestive heart failure or other cardiac disease that would represent a contraindication to the use of an anthracycline (e.g. doxorubicin or epirubicin)
 - e. Chronic psychiatric condition or other condition that would impair compliance with the treatment regimen
6. Women must not be pregnant or nursing due to the potential use of cytotoxic chemotherapy.
 7. Women of child bearing potential must be strongly advised to utilize an accepted and effective form of non-hormonal contraception.
 8. Patients must not have previously had the Oncotype DX Assay performed, with the exception of patients who have had the assay performed and have a Recurrence Score of 11-25.

PRE-STUDY PARAMETERS

1. H&P/Ht./Wt.
2. Complete Blood Count (including leukocyte and platelet count; Serum Creatinine and AST – Obtained within 4 weeks of pre-registration.
3. Mammography – Mammogram obtained as part of the original diagnosis, biopsy and surgical treatment will suffice and need not be repeated.
4. Oncotype DX assay (RS score)

TREATMENT PLAN

SECONDARY STUDY GROUP-1 (RS ≤ 10):

Patients will receive hormonal therapy of the treating physician's choice (See Appendix III for guidelines)

PRIMARY STUDY GROUP (RS 11-25):

Patients will be randomized at the time of registration to receive chemotherapy plus hormonal therapy or hormonal therapy alone (See Appendix II and III for guidelines).

SECONDARY STUDY GROUP-2 (RS ≥26):

Patients will receive chemotherapy (See Appendix II) and hormonal therapy (See Appendix III) of the treating physician's choice

NOTE:

- Patients may be enrolled on a separate CTSU trial under the following conditions: (1) the patient already registered on the PACCT-1 trial and (2) the treatment option in the other trial is consistent with PACCT-1 specific treatment assignment (i.e. chemotherapy/hormonal therapy or hormonal therapy alone)