RTOG-1210/ALLIANCE 31101

A Phase II randomized trial of up-front therapy with erlotinib or crizotinib followed by chemoradiation therapy versus chemoradiation therapy only in Stage III NSCLC with either EGFR TK mutation or ALK fusion

- **Eligibility: Stage III NSCLC with either EGFR TK mutation or ALK fusion**

*** Pemetrexed 500 mg/m^2 and carboplatin AUC 5 q3wk x 4 with thoracic radiation 64 Gy**

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Personal communication with Jeffrey Bradley, MD

DR GOVINDAN

This happens to be my own study through the Alliance and Hak Choy's through the RTOG, so I'm biased. Essentially, patients with EGFR-mutant or ALK-transformed Stage III NSCLC will receive the specific targeted therapy — erlotinib or crizotinib — and then all will receive chemoradiation therapy. The idea of this trial is to avoid administering these targeted drugs postchemoradiation therapy. We don't know whether these agents will do good things or bad things in that setting.

DR SOCINSKI

This is a great study. Erlotinib and crizotinib have become standards for patients with these molecular abnormalities in advanced Stage IV NSCLC. The question is, in these molecularly defined populations, does adding the targeted agent in addition to standard therapy, which would be chemoradiation therapy, improve the survival and cure rates in Stage III disease? It's important in the design of this trial to have a chemoradiation therapy alone arm because, for instance, we believe that patients with EGFR-mutant disease may be more chemoradiation sensitive and may fare better with chemoradiation therapy alone.