NVALT 17

Title:
A randomized phase III study of erlotinib compared to intercalated erlotinib with cisplatinum pemetrexed as first-line therapy for advanced EGFR mutated Non-Small-Cell Lung Cancer.

Primary objective:
To demonstrate that the combination of cisplatin-pemetrexed-erlotinib is superior to standard of care erlotinib monotherapy, as first line treatment in prolonging progression-free survival in patients with advanced NSCLC whose tumors harbor an EGFR mutation.

Secondary objectives:
- To assess the safety and tolerability of cisplatin-pemetrexed-erlotinib compared to erlotinib.
- To compare secondary measures of clinical efficacy including overall survival, objective response rate, and disease control rate between the two treatment groups, and evaluate duration of response.
- To compare QoL, disease/treatment-related symptoms of lung cancer, and general health status in both treatment arms.
- To correlate modulation of different soluble biomarkers to outcome measures.

Primary Endpoint:
PFS based on RECIST version 1.1.

Secondary Endpoints:
- 6-months and 1-year OS, OS, ORR.
- Type, incidence, severity, seriousness and relationship to study medications of adverse events and any laboratory abnormalities.
- Occurrence and interval of occurrence of T790M mutations in ctDNA between both study arms.
- Compare the occurrence of resistant mechanisms demonstrated in the tumor upon progression with the soluble markers between the two groups.
- To determine the prognostic value of the different soluble markers independently of each other and in combination with each other.
- cMET expression on circulating tumor cells and tumor tissue upon progression between both arms.
- QoL, lung cancer disease/treatment-related symptoms, and general health status.

Treatment arm A:
Erlotinib until disease progression.

Treatment arm B:
4 cycles of cisplatin and pemetrexed plus erlotinib. After 4 cycles of chemotherapy, patients will continue with maintenance pemetrexed plus erlotinib until disease progression.

Start date:	**Total:**
May 2014	150 patients

Study Coordinator:
Prof. Dr. H.J.M. Groen; Universitair Medisch Centrum Groningen

Central Data management:
NVALT Data Center