Southwest
Oncology Group
A National Clinical Research Group

January 15, 2003

TO: ALL SOUTHWEST ONCOLOGY GROUP MEMBER, CCOP AND AFFILIATE MEDICAL ONCOLOGISTS, SURGEONS AND PATHOLOGISTS

FROM: Southwest Oncology Group Operations Office

RE: Serious Adverse Event Possibly Related to Sargramostim (GM-CSF)

MEMORANDUM

IRB Review Requirements

( ) Full board review required. Reason:
- ( ) Initial activation (should your institution choose to participate)
- ( ) Increased risk to patient
- ( ) Complete study redesign
- ( ) Addition of tissue banking requirements
- ( ) Study closure not built into study design

(√) Expedited review allowed

( ) No review required

MEMORANDUM

Attached please find a memorandum dated 12-31-02 from ECOG, the coordinating group for this study, regarding follow-up information for the serious adverse event (SAE) reported on 7-12-02 that occurred in association with Sargramostim (GM-CSF). The following Southwest Oncoogy Group and Intergroup protocols may have patients enrolled who are receiving Sargramostim (GM-CSF):

SWOG-9412 **E4697**

A protocol amendment is not necessary at this time, but your consent form may be revised to include the information provided in this letter if it is deemed necessary by your institution. Please forward this memorandum and letter to your Institutional Review Board (IRB) immediately for review. Should any further information regarding this SAE be made available, it will be forwarded to you.

A copy of this correspondence should be attached to the front of each of the above-noted protocols and kept in your files for future reference.

Operations Office
14980 Omicron Drive•San Antonio, TX 78245-3217 • Telephone 210-677-8808 • FAX 210-677-0006 • http://www.oo.saci.org

Eastern Cooperative Oncology Group

Coordinating Center
Frontier Science
900 Commonwealth Ave•Boston, MA 02215
(617) 632-3610•Fax: (617) 632-2990
Randomization: (617) 632-2022

Director: Sheilah Hurley

Group Chair: Robert L. Comis, M.D.
Group Statistician: Robert Gray, Ph.D.

MEMORANDUM

TO: ECOG Clinical Research Associates and Investigators who participate on E1696, E2993, E4697, and PBT01

FROM: ECOG Coordinating Center

DATE: December 31, 2002

SUBJECT: Sargramostim (GM-CSF) Safety Report

This is a follow-up of a Serious Adverse Event (SAE) that occurred in association with Sargramostim (GM-CSF) in a study sponsored by Berlex Laboratories. Please note the event occurred on a non-ECOG protocol and we have no real information of the protocol on which it occurred. Should any further information related to this patient's adverse experience become available, it will be forwarded to you as soon as possible.

Please notify your Institutional Review Board (IRB)/Ethics Committee (EC) immediately of this occurrence and amend your informed consent form to include the possibility of the adverse event as described, if you feel it is necessary. A protocol amendment is not required at this point. Please file the attached report and any correspondence with your IRB/EC in the files of the involved protocols if applicable.

If you have any questions please contact Deirdre Dowd at the ECOG Coordinating Center (617-632-3610).

December 6, 2002

Mary Steele
Eastern Cooperative Oncology Group (ECOG)
303 Boylston St.
Brookline, MA 02146-7648

Berlex Laboratories, Inc.

1191 Second Avenue
Suite 1200
Seattle, WA 98101-2120
Telephone: (206) 254-7700

Re: Berlex Protocol # 001.1032: Phase II Trial of Subcutaneous IL-11 with Subcutaneous GM-CSF in Patients <56 years of age with AML Receiving High-Dose Cytarabine During Induction and Consolidation Chemotherapy

Dear Ms. Steele:

Berlex has received additional follow-up information for the serious adverse event (SAE) of hemiplegia that was reported July 12, 2002 in a patient participating in a clinical trial of sargramostim (Leukine®). The event was considered to be probably related to blinded study drug (sargramostim or placebo) by the investigator.

The SAE occurred July 4, 2002, in a 29-year-old female with Crohn's disease who was receiving 6 µg/kg/day of blinded study drug via SC injection. As previously reported, the patient was hospitalized for 4 days due to headache, neck and shoulder pain, and right-sided hemiparesis. At the time of hospitalization, an MRI showed cortical and subcortical findings that raised the question of ischemic or inflammatory processes. Follow-up information received September 23, 2002, reported that a second MRI showed near resolution of the bulk of the initially-reported cortical abnormalities but the persistence of periventricular abnormalities that the radiologist felt most likely reflected an inflammatory rather than an ischemic process.

Additional follow-up information was received from a consulting neurologist on November 12, 2002. The neurologist described the initial July evaluation of the patient for possible stroke. At that time, the patient had an elevated white count and eosinophilia of 27%. PT/PTT tests were performed, which were normal, as were platelet function studies. There was no evidence of large or medium vessel disease. The patient's condition was consistent with a multifocal process, involving both white and grey matter, acute in onset, with an inflammatory component suggested by the presentation with fever. There was no evidence of acute thrombosis, rather the clinical presentation was more consistent with a possible acute vasculitis. The patient's condition improved with discontinuation of study drug. The neurologist again evaluated the patient in September 2002. At that time, most of her symptoms had resolved, although she still had some residual defects. The neurologist felt that the patient's condition was not consistent with a demyelinating process, but rather an acute vascular process involving small vessels. There was no evidence or history of other significant medical events, including upper extremity thrombosis. Additional details are provided in the enclosed MedWatch follow-up form.

Please retain this letter and the enclosures and inform all patients being treated with sargramostim, your co-investigators, and your IRB of this follow-up information. Also, please file this letter and the attachment in the last appendix of the current revision of the Sargramostim Investigator's Brochure.

If you have questions, please call me at 206-254-7735 or Diane Cook in the Investigator Studies office at 206-254-7747.

Sincerely,

Diana F. Hausman

Diana F. Hausman, M.D.
Associate Director, Clinical Development

cc: Clinical Records

Enclosure

December 6, 2002

Eleanor McFadden, M.A.
Eastern Cooperative Oncology Group
303 Boylston St.
Brookline, MA 02445-7648

Berlex Laboratories, Inc.

1191 Second Avenue
Suite 1200
Seattle, WA 98101-2120
Telephone: (206) 254-7700

Re: Berlex Protocol # 001.1038: A Randomized Phase III Trial of GM-CSF vs. Peptide Vaccination vs. Both vs. Observation in Patients with "No Evidence of Disease" After Complete Surgical Resection of "Locally Advanced" and/or Stage IV Melanoma (E4697)

Dear Ms. McFadden:

Berlex has received additional follow-up information for the serious adverse event (SAE) of hemiplegia that was reported July 12, 2002 in a patient participating in a clinical trial of sargramostim (Leukine®). The event was considered to be probably related to blinded study drug (sargramostim or placebo) by the investigator.

The SAE occurred July 4, 2002, in a 29-year-old female with Crohn's disease who was receiving 6 µg/kg/day of blinded study drug via SC injection. As previously reported, the patient was hospitalized for 4 days due to headache, neck and shoulder pain, and right-sided hemiparesis. At the time of hospitalization, an MRI showed cortical and subcortical findings that raised the question of ischemic or inflammatory processes. Follow-up information received September 23, 2002, reported that a second MRI showed near resolution of the bulk of the initially-reported cortical abnormalities but the persistence of periventricular abnormalities that the radiologist felt most likely reflected an inflammatory rather than an ischemic process.

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Please retain this letter and the enclosures and inform all patients being treated with sargramostim, your co-investigators, and your IRB of this follow-up information. Also, please file this letter and the attachment in the last appendix of the current revision of the Sargramostim Investigator's Brochure.

If you have questions, please call me at 206-254-7735 or Diane Cook in the Investigator Studies office at 206-254-7747.

Sincerely,

Diana F. Hausman

Diana F. Hausman, M.D.
Associate Director, Clinical Development

cc: Mary Steele
Clinical Records

Enclosure

MEDWATCH

THE FDA MEDICAL PRODUCTS REPORTING PROGRAM

For use by user-facilities, distributors and manufacturers for MANDATORY reporting
Berlex Laboratories

Relsys International, Inc.
FDA Facsimile Approval: 30-JUN-1999

Mfr report # USA-2002-008402
UF/DistL report #
FDA Use Only

A. Patient information

1. Patient identifier: in confidence
2. Age at time of event: 29 Years or Date of birth:
3. Sex: [X] female [ ] male
4. Weight: 96.0 lbs or 43.5 kgs

B. Adverse event or product problem

1. [X] Adverse event and/or [ ] Product problem (e.g., defects/malfunctions)

2. Outcomes attributed to adverse event (check all that apply)
[ ] death (mo/day/yr) [ ] life-threatening [X] hospitalization - initial or prolonged [ ] disability [ ] congenital anomaly [ ] required intervention to prevent permanent impairment/damage [ ] other:

3. Date of event (mo/day/yr): 07/04/2002
4. Date of this report (mo/day/yr): 12/03/2002

5. Describe event or problem

possible acute vasculitis[Vasculitis NOS]
right-sided hemiparesis[Hemiplegia]

Case Description:
Report of a patient enrolled in a blinded GM-CSF clinical trial who developed a headache, neck ache, shoulder ache, and tingling in her right arm, leg, face, and ear after 22 days on study drug. The patient self-medicated with chlorzoxazone for the neck and shoulder ache. She attributed the tingling in her right arm, leg, face, and ear to chlorzoxazone. Study drug was discontinued. The patient awakened 07/07/02 with worsening right arm and leg weakness requiring assistance with walking. The headache resolved. She presented to the emergency department and was hospitalized. Laboratory studies revealed an increased white blood cell count (WBC) and eosinophilia. Treatment included intravenous antibiotics. She reported temperatures of 99-99.5 degrees
continued in additional info section...

6. Relevant tests/laboratory data, including dates

07 Jul 02: CSF direct examination: Fungus negative, Streptococcus group B negative, Streptococcus pneumoniae negative, Haemophilus influenzae B negative, Neisseria meningitidis negative, Neisseria meningitidis B/Escherichia coli K1 negative, no WBCs seen, no bacteria seen, cultures pending.
continued in additional info section...

7. Other relevant history, including preexisting medical conditions (e.g. allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)

#1 Historical Condition, Headache NOS (continued)
#2 UNK, Historical Condition, Crohn's disease
#3 UNK, Historical Condition, Depression NOS
#4 UNK, Historical Condition, Insomnia
continued in additional info section...

C. Suspect medication(s)

1. Name (give labeled strength & mfr/labeler, if known)
#1. Blinded - LEUKINE (sargramostim) or Placebo
#2.

2. Dose, frequency & route used
#1. UNK, (continued)
#2.

3. Therapy dates (if unknown, give duration) (from/to (or best estimate))
#1. 06/12/2002 to 07/05/2002
#2.

4. Diagnosis for use (indication)
#1. Crohn's disease
#2.

5. Event abated after use stopped or dose reduced
#1. [X] yes [ ] no [ ] doesn't apply
#2. [ ] yes [ ] no [ ] doesn't apply

6. Lot # (if known)
#1. UNK
#2.

7. Exp. date (if known)
#1. UNK
#2.

8. Event reappeared after reintroduction
#1. [ ] yes [ ] no [X] doesn't apply
#2. [ ] yes [ ] no [ ] doesn't apply

9. NDC # - for product problems only (if known)

10. Concomitant medical products and therapy dates (exclude treatment of event)
FLUOXETINE (FLUOXETINE) 05/20/2002 to UNK
DICYCLOMINE HYDROCHLORIDE (DICYCLOVERINE
continued in additional info section...

G. All Manufacturers

1. Contact office - name/address (& mfring site for devices)
Berlex Laboratories
6 West Belt
Wayne, NJ 07470-6806 UNITED STATES

2. Phone number: +1 8882375394

3. Report source (check all that apply)
[ ] foreign [X] study [ ] literature [ ] consumer [X] health professional [ ] user facility [ ] company representative [ ] distributor [ ] other:

4. Date received by manufacturer (mo/day/yr): 11/12/2002

5. (A)NDA # IND # IND 9874 PLA # pre-1938 [ ] yes OTC product [ ] yes

6. If IND, protocol #: 001.0022

7. Type of report (check all that apply)
[ ] 5-day [X] 15-day [ ] 10-day [ ] periodic [ ] initial [X] follow-up # 3

8. Adverse event term(s)
Vasculitis NOS, Hemiplegia

9. Mfr. report number: USA-2002-008402

E. Initial reporter

1. Name & address
Cathy Sila MD
9500 Euclid Avenue
Cleveland, OH 44195 UNITED STATES
phone # 216-444-4230

2. Health professional ? [X] yes [ ] no
3. Occupation: Physician - Neurologist
4. Initial reporter also sent report to FDA: [ ] yes [ ] no [X] unk

FDA
3500A - Facsimile

Submission of a report does not constitute an admission that medical personnel, user facility, distributor, manufacturer, or product caused or contributed to the event.

Additional Information

B5. EVENT DESCRIPTION (cont.)

Fahrenheit for two days prior to admission. The patient underwent a computed tomography (CT) scan that showed no acute lesions or hemorrhage. A lumbar puncture was performed. Findings were within normal limits. Cultures of the cerebral spinal fluid are pending. The patient reported improving strength. The tingling persisted. The patient underwent a neurological examination that revealed tenderness of the right paracervical muscle, decreased right shoulder shrug secondary to weakness, and decreased sensation to pinprick on her right face, chest, arm/hand, and back to T8. Sensation was equal to pinprick below T8. Deep tendon reflexes were hyperreflexive throughout. The right ankle had three beats of clonus. Her right toe was upgoing. The patient was unable to stand on her toes or heels. A magnetic resonance angiogram (MRA) of the carotid arteries and the circle of Willis was performed. Findings of the MRA showed patent vessels with no stenosis or occlusion. A magnetic resonance imaging (MRI) of the brain was performed. Findings showed multiple bilateral areas of restricted diffusion within the deep white matter of the centrum semi ovale, corona radiata, and cerebellar hemispheres. The overall appearance was reported as nonspecific. However, the question was raised of an underlying ischemic process versus a demyelinating process, although the latter was felt to be less likely. MRI of the cervical spine was performed. No abnormalities were noted. Treatment included intravenous heparin.
Laboratory studies 07/08/02 revealed a potassium level of 2.9 mmol/L treated with intravenous and oral potassium. The patient underwent a transthoracic echocardiogram that was negative with ejection fraction of 50%-55%. The patient improved clinically with increasing strength of the right upper and lower extremities, as well as decreasing numbness and tingling of the right upper and lower extremities. She did continue to have tingling at the right ear when discharged. The patient is scheduled to undergo an MRI with diffusion weighted images of the brain in one month following discharge.

Follow-up information received 07/30/02: The patient continues to have numbness of her right ear, right neck, right shoulder, right upper arm, and right chest. She has recovered all mobility. Treatment included a prednisone taper. The patient is scheduled to undergo an MRI and neurology follow-up 09/11/02.

The investigator reported the event was possibly related to study drug.

Follow-up information received 09/23/02: The patient has persistent numbness of the right ear, jaw, neck, breast, and right upper arm from shoulder to elbow. The patient also has right lower extremity weakness. She has experienced six to seven falls since discharge. The patient reported her "leg just gives out after walking for a while." She has experienced worsening vision. Upon physical examination she was found to have diminished sensation to light touch on the right side of face, neck and arm. She had a slight limp that improved gradually. Study drug was permanently discontinued 07/05/02.

Follow-up information received on 12 Nov 02: Patient developed headache, neck pain, and fever approximately 3 weeks after initiation of study drug. Approximately 1 to 2 days later, she awoke with hemiparesis and other focal findings, as well as behavioral changes and was hospitalized. According to the consultant neurologist, there was no evidence of large or medium vessel disease. The overall picture was consistent with a multifocal process involving both white and grey matter that was acute in onset with inflammatory overtones based on the presentation with fever. Based on the appearance of an MRI performed at the patient's initial presentation, the consultant neurologist thought that there may have been an acute vascular process that involved small vessels, approximately 400 microns in size. There was no evidence of acute thrombosis, rather the clinical presentation was more consistent with a possible acute vasculitis. The patient's condition improved with discontinuation of study drug. In Sep 02, most of her symptoms had resolved, although she still had some residual defects. A repeat MRI revealed some persistent abnormalities. The consultant neurologist felt the overall picture was not consistent with a demyelination process, although this had been suggested by the radiologist per the second MRI. In Sep 02, the patient showed no evidence or history of other significant medical events, including upper extremity thrombosis. In Jul 02, PT/PTT and platelet function tests were normal. No other tests including Factor V Leyden, Protein C, Protein S, prothrombin DNA, ANA, ANCA, or anticardiolipin studies were performed.

Study Title: A Phase II, Multicenter, Randomized, Double-Blind, Placebo-Controlled Trial of Leukine (Sargramostim), a Recombinant Human Granulocyte-Macrophage Colony Stimulating Factor (rhu GM-CSF), in Active Crohn's Disease.

B6. RELEVANT TESTS (cont.)

07 Jul 02: CT Brain without contrast: Negative unenhanced CT brain scan.
08 Jul 02: MRA: Bilateral carotid bifurcations are widely patent. There is no evidence for stenosis involving the cervical internal carotid arteries. Antegrade flow is seen within bilateral vertebral arteries. The left vertebral artery is the dominant vessel. The right vertebral artery is small in caliber throughout on a congenital basis. MRA circle of Willis: Normal in appearance. No evidence for focal intracranial stenosis or occulsion. Again seen is the small caliber distal intracranial right vertebral artery. There is a fetal origin of the right posterior cerebral artery. The left posterior comunicating artery is patent.
08 Jul 02: MRI brain with and without contrast: Diffusion weighted imaging. Multiple bilateral areas of restricted diffusion within the deep white matter of the centrum semi ovale and corona radiata within the frontal and parietal regions. Focal cortical areas of restricted diffusion within the deep white matter of the cerebellar hemispheres corresponding with areas of increased signal on the flair and fast spin echo T2 weighted images. Overall appearance is nonspecific. However, the cortical and subcortical involvement raises the question of an underlying ischemic process. The distribution of the supratentorial deep white matter changes are similar to the distribution seen with watershed territory

infarct. Another consideration would be that of a demyelination process. The involvement of the cortex makes this seem less likely, but does not exclude it from consideration.
08 Jul 02: MRI cervical spine: No focal signal intensity abnormality within the spinal cord parenchyma is identified.
09 Jul 02: Echocardiogram: Within normal limits.
09 Jul 02: KUB: No obstruction.
11 Sep 02: MRI: Comparison made with prior examination 08 Jul 02: Given the near complete resolution of the bulk of the cortical abnormalities without residual signal abnormality and the persistence of periventricular abnormalities, the findings most likely reflect sequela of a demylenating/inflammatory process.

B6. LABORATORY DATA

#	Date	Test / Assessment / Notes	Results	Normal High / Low
1	07/07/2002	WBC count	26.8 k/uL	
2	07/07/2002	Lymphocytes	12%	
3	07/07/2002	Eosinophils, absolute	7.24 k/uL	
4	07/07/2002	Neutrophils, absolute	15.82 k/uL	
5	07/07/2002	Eosinophils	27%	
6	07/07/2002	Potassium, serum	3.3 mmol/L	
7	07/07/2002	HCG, serum, quantitative	Negative	
8	07/07/2002	BUN	6 mg/dL	
9	07/07/2002	Lumbar puncture	Normal	
10	07/07/2002	Protein, urine, quantitative	Protein 1+	
11	07/07/2002	Acetone, urine, qualitative	Large	
12	07/07/2002	Bilirubin, urine	Small	
13	07/07/2002	Bacteria, urine	Few	
14	07/07/2002	Mucous, urine	2 +	
15	07/08/2002	Potassium, serum	2.9 mmol/L	
16	07/08/2002	BUN	5 mg/dL	
17	07/08/2002	Creatinine, serum	0.4 mg/dL	
18	07/08/2002	Calcium, serum	8.0 mg/dL	

19	07/08/2002	HCT	31.5 - 39.4%
20	07/08/2002	RBC	3.55 M/uL
21	07/08/2002	Magnesium, serum	2.5 mg/dL
22	07/10/2002	Neutrophils	83%
23	07/10/2002	Lymphocytes	11%
24	07/10/2002	Monocytes	6%
25	07/10/2002	RBC morphology	Slight
26	07/07/2002	Creatinine, serum	0.5 mg/dL

B7. OTHER RELEVANT HISTORY

#	Start/Stop Date	Condition Type / Condition	Notes
1	UNK	Historical Condition Headache NOS	Intermittent headaches
5	UNK	Historical Condition Dyspepsia	
6	UNK	Historical Condition Nausea	
7	UNK	Historical Condition Vomiting NOS	
8	UNK	Social Circumstance Tobacco abuse	1/2 PPD
9	UNK	Allergy Drug hypersensitivity	Bupropion.
10	UNK	Other	The patient has no family history of stroke or multiple sclerosis.

C1. Name (cont.)
Suspect Medication #1: GM-CSF(SARGRAMOSTIM) Injection

C2. Dose, frequency & route used (cont.)
Suspect Medication #1: UNK, 1x/day, Subcutaneous

C10. CONCOMITANT MEDICAL PRODUCTS
HYDROCHLORIDE) 05/20/2002 to UNK
ESOMEPRAZOLE (ESOMEPRAZOLE) 09/27/2001 to UNK
PROCHLORPERAZINE (PROCHLORPERAZINE) 07/10/2001 to UNK
ACETAMINOPHEN --/--/1985 to UNK
ZOLPIDEM (ZOLPIDEM) 07/10/2001 to UNK
CHLORZOXAZONE (CHLORZOXAZONE) 11/20/2001 to UNK
ACETAMINOPHEN W/PSEUDOEPHEDRINE (PSEUDOEPHEDRINE) --/--/2000 to UNK
HYOSCYAMINE (HYOSCYAMINE) 06/19/2002 to UNK

Southwest
Oncology Group
A National Clinical Research Group

December 15, 2002

TO: ALL SOUTHWEST ONCOLOGY GROUP MEMBER, CCOP AND AFFILIATE MEDICAL ONCOLOGISTS, SURGEONS AND PATHOLOGISTS

FROM: Connie Ballon-Almanza, Protocol Coordinator

RE: **E4697,** "A Randomized, Placebo-Controlled Phase III Trial of Yeast Derived CM-CSF Versus Peptide Vaccination Versus GM-CSF Plus Peptide Vaccination Versus Placebo in Patients with 'No Evidence of Disease' after Complete Surgical Resection of 'Locally Advance' and/or Stage IV Melanoma." Southwest Oncology Group Study Coordinator: Dr. K.A. Margolin.

REVISION #1

Southwest Oncology Group Study Coordinator: Kim A. Margolin, M.D.
Phone: 626/359-8111 ext. 62307 E-mail: kmargolin@coh.org

IRB Review Requirements

( ) Full board review required. Reason:
- ( ) Initial activation (should your institution choose to participate)
- ( ) Increased risk to patient
- ( ) Complete study redesign
- ( ) Addition of tissue banking requirements
- ( ) Study closure not built into study design

(√) Expedited review allowed

( ) No review required

REVISION #1

The above-referenced protocol has been revised by the Eastern Cooperative Oncology Group (ECOG), the coordinating group for this study, as outlined in the attached Memorandum dated 11-13-02 regarding a revised Eligibility Checklist.

Attached please also find memoranda from ECOG dated 9-4-02, 10-16-02 and 10-30-02 regarding serious Adverse Events that have occurred in association with Sargramostim (GM-CSF). Please notify our Institutional Review Board of these occurrences. A protocol amendment is not required at this time.

Please append these amended pages into your copy of the protocol.

This memorandum serves to notify the Southwest Oncology Group Statistical Center and ECOG.

cc: P.Y. Liu, Ph.D.
James Moon, M.S.
Lori Clark, B.A.
Camille White, B.S., C.C.R.P.
Larry Kaye, B.A.
Jean MacDonald - ECOG

Southwest
Oncology Group
A National Clinical Research Group

November 1, 2002

TO: ALL SOUTHWEST ONCOLOGY GROUP MEMBER, CCOP AND AFFILIATE MEDICAL ONCOLOGISTS, SURGEONS AND PATHOLOGISTS

FROM: Connie Ballon-Almanza, Protocol Coordinator

RE: **E4697,** "A Randomized, Placebo-Controlled Phase III Trial of Yeast Derived CM-CSF Versus Peptide Vaccination Versus GM-CSF Plus Peptide Vaccination Versus Placebo in Patients with 'No Evidence of Disease' after Complete Surgical Resection of 'Locally Advance' and/or Stage IV Melanoma." Southwest Oncology Group Study Coordinator: Dr. K.A. Margolin.

MEMORANDUM

Southwest Oncology Group Study Coordinator: Kim A. Margolin, M.D.
Phone: 626/359-8111 ext. 62307 E-mail: kmargolin@coh.org

IRB Review Requirements

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(√) Expedited review allowed

( ) No review required

MEMORANDUM

This memorandum serves to clarify patient consent for specimen submission for correlative studies. Institutions may not submit specimens for the correlative studies unless, at least the first level of consent for banking has been given by the patient, as this level of consent will be considered consent for correlative study specimen submission.

Please append this notice to your copy of the protocol.

This memorandum serves to notify the Southwest Oncology Group Statistical Center and ECOG.

cc: P.Y. Liu, Ph.D.
James Moon, M.S.
Lori Clark, B.A.
Camille White, B.S., C.C.R.P.
Larry Kaye, B.A.
Jean MacDonald - ECOG

Southwest
Oncology Group
A National Clinical Research Group

March 1, 2002

TO: ALL SOUTHWEST ONCOLOGY GROUP MEMBER, CCOP AND AFFILIATE MEDICAL ONCOLOGISTS, SURGEONS AND PATHOLOGISTS

FROM: Connie Ballon-Almanza, Protocol Coordinator

RE: **E4697**, "A Randomized, Placebo-Controlled Phase III Trial of Yeast Derived GM-CSF Versus Peptide Vaccination Versus GM-CSF Plus Peptide Vaccination Versus Placebo in Patients with 'No Evidence of Disease' after Complete Surgical Resection of 'Locally Advanced' and/or Stage IV Melanoma." Southwest Oncology Group Study Coordinator: Dr. K. A. Margolin.

STATUS NOTICE

Southwest Oncology Group Study Coordinator: Kim A. Margolin, M.D.
Phone: 626/359-8111 ext. 62307 E-mail: kmargolin@coh.org

IRB Review Requirements (If you choose to participate in this study)

(√) Full board review required

( ) Expedited review allowed

( ) No review required

ACTIVATION

The above-referenced study is now open for patient registration.

The Southwest Oncology Group Registration Form (Form #19172) is attached for your use.

Please note the following regarding this study:

· The Southwest Oncology Group Randomization Procedures in Section 4.7 will be updated to reflect the recent move of the Southwest Oncology Group Data Operations Center. ECOG has been advised and will revise the protocol at a later date.

This memorandum serves to inform the Southwest Oncology Group Statistical Center and ECOG.

cc: P.Y. Liu, Ph.D.
James Moon, M.S.
Lori Clark, B.A.
Camille White, B.S., C.C.R.P.
Larry Kaye, B.A.
Jean MacDonald - ECOG