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TO: PROTOCOL AND INFORMATION OFFICE

FROM: LEAH MADDEN  
PROTOCOL SECTION

DATE: NOVEMBER 25, 2008

RE: PROTOCOL GOG-0233 ACRIN 6671, REVISION # 5

**Protocol Title:** “Utility of Preoperative FDG-PET/CT and Ferumoxtran-10 MRI Scanning Prior to Primary Chemoradiation Therapy to Detect Retroperitoneal Lymph Node Metastasis in Patients With Locoregionally Advanced (IB2, IIA  $\geq$  4 cm, IIB-IVA) Carcinoma of the Cervix,” for NCI review. *NCI Version 11/25/08*

**GOG Study Chair:** Michael Gold, M.D. [michael.gold@vanderbilt.edu](mailto:michael.gold@vanderbilt.edu)

**ACRIN Study Chair:** Mostafa Atri, M.D., Dip., Epid. [Mostafa.atri@uhn.on.ca](mailto:Mostafa.atri@uhn.on.ca)

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The following changes have been made to clarify eligibility criteria and procedures details, correct grammatical and footnoting errors, provide revised imaging submission parameters, allow for pre- or post-PET scan diagnostic CT imaging, include lymphedema among the risks associated with lymphectomy in the Informed Consent form, and clarify the non-mandatory status of post-imaging blood sample collection; these revisions become effective \_\_\_\_\_.

Title Pages	The ACRIN Statistician has changed, new contact information provided GOG Study Chair, Dr. Michael Gold’s contact information has been updated Revision #5 has been added NCI Version date has been updated (on every page)
Table of Contents	Has been updated
Section 2.0	Page 9, under Background and Significance, “There is limited data ...” has been corrected to “There are limited data ...”
Section 5.1.4	Page 14, 9 <sup>th</sup> bullet, “...; there is no lower limit of normal serum creatinine for this protocol.” has been added
Section 9.1	Page 24, 6 <sup>th</sup> bullet, “echocardiogram” has been corrected to “electrocardiogram”
Section 9.2	Page 24, 1 <sup>st</sup> bullet, “or serum” has been added

- Sections 9.8 and 9.9 Page 25, 1<sup>st</sup> bullet in each section, "... at the discretion of the treating physician (no data collection is required)" has been added
- Section 9.10 Pages 26 and 27, Study Procedures Timetable, the footnote numbering and order have been corrected; footnote #4 has been added
- Section 10.2.4 Page 29, 1<sup>st</sup> sentence, "data is" has been corrected to "data are"
- Section 10.4.1 Page 30, 2<sup>nd</sup> and 10<sup>th</sup> sentences, "data is" has been corrected to "data are"
- Section 12.2 Page 34, 1<sup>st</sup> paragraph has been added: *"Imaging examinations should be submitted to the ACRIN Imaging Core Laboratory after each time point/visit. A completed, signed Image Transmittal Worksheet (ITW) MUST accompany all imaging exams submitted to ACRIN for each time point. For exams submitted via the Internet, complete the ITW and e-mail it to [imagearchive@phila.acr.org](mailto:imagearchive@phila.acr.org) or fax it to 215-923-1737. For exams submitted via media, complete the ITW and include it with the media shipment. Please affix a label to the jacket of the media that includes: study name, site name, case no., date of exam(s), time point, and type of imaging. **The ITW form MUST be completed in its entirety for the case to be credited.**"*

Page 34, 2<sup>nd</sup> paragraph, 2<sup>nd</sup> sentence has been added: *"\*Reminder for PET imaging: All PET exams should contain three trans-axial whole body series, attenuated and non-attenuated corrected PET scans, and the CT images."* And "approved" has been revised to "qualified" in the final sentence of the paragraph.

The formatting for this section has been revised.

3<sup>rd</sup> paragraph, a space has been added between "web site" and a colon has been added after "at"

4<sup>th</sup> paragraph, "web" is no longer capitalized; "at:" has been added for consistency

Page 35, Item #3 has been added: *"Place an intravenous catheter. Give oral contrast to the participant."*

Item #5 has been extensively revised to read: *"See below (section 12.2.1) for detailed information about two options for CT acquisition. Approximately 60 minutes (+/- 10 minutes) after FDG injection, a diagnostic CT scan with contrast agents (oral*

*and intravenous) or a low-dose CT (with oral contrast) will be performed. Patients must void prior to imaging. The diagnostic or low-dose CT of the chest, abdomen, and pelvis should be completed 60 minutes (+/- 10 minutes) after FDG injection, if it is performed before PET emission scan. The diagnostic or low-dose CT of the chest, abdomen, and pelvis should be initiated immediately after PET emission scan, if it is performed after PET emission scan. In either case, **the PET emission scan has to be performed approximately 60 minutes (+/- 10 minutes) after FDG injection.***

Item #6 has been extensively revised to read: “*PET emission scan will be performed immediately after a low-dose CT or after the diagnostic CT depending on the CT option. At some sites, the diagnostic CT will be taken immediately after PET imaging without moving the patient (see options described in section 12.2.1 below).*”

Final paragraph, 1<sup>st</sup> sentence, “Some ...” has been revised to “Per one of the CT protocols described in section 12.2.1 below, some ...” and the 3<sup>rd</sup> sentence has been added: “*In the alternative scenario described below, the low-dose CT scan must be performed prior to the PET scan if the diagnostic CT is to follow the PET imaging.*”

### **Section 12.2.1**

Pages 35-36, first 3 paragraphs have been extensively revised to read: “General: *All PET/CT (including the diagnostic CT part of PET/CT) scans must be performed on the same scanner immediately before or after the PET emission scan, depending on the CT option (see below). In either case, **the PET emission scan has to be performed approximately 60 minutes (+/- 10 minutes) after FDG injection.** It is recommended (but not obligatory) to use a breathing technique already in place to diminish respiratory artifacts. Typically, participants will be instructed to hold their breath while scanning the diaphragm.*

First option: *Diagnostic CT before PET (with optional low-dose CT in between).*

- 1. Diagnostic CT imaging (with oral and intravenous contrast) per institutional standard of care will be done approximately 60 minutes (+/- 10 minutes) after the FDG injection (see section 12.2.4) beginning in a craniocaudal direction with the participant’s upper neck.*
- 2. An optional low-dose CT can be conducted immediately after the diagnostic CT without moving the participant. The low-dose CT will take a minute or so.*

3. *The PET scan should follow immediately after the CT without moving the participant.*

Second option: *The low-dose CT (with oral contrast) will be performed before PET emission scan and the diagnostic CT will be performed immediately after completion of PET emission scan.*

1. *The low-dose CT, starting at approximately 60 minutes (+/- 10 minutes).after FDG injection immediately before the PET emission scan in a craniocaudal direction starting with the participant's upper neck. The low-dose CT will take a minute or so.*
2. *The PET emission scan should then be initiated at 60 minutes (+/- 10 minutes) immediately after the low-dose CT scan.*
3. *Diagnostic (intravenous contrast) CT should be performed immediately after the PET scan without moving the participant (it will be about 75 to 90 minutes after the FDG injection)."*

#### **Section 12.2.4**

Page 37, 1<sup>st</sup> paragraph, 1<sup>st</sup> sentence, "1 hour" now reads "60 minutes" and the parenthetical has been revised to "(see above in section 12.2.1 for the order options of diagnostic and low-dose CT and PET imaging)"

2<sup>nd</sup> paragraph, 1<sup>st</sup> sentence, "After acquisition of CT data (see 12.2.1 for CT technique) ..." now reads "If the acquisition of diagnostic CT data (see section 12.2.1 for CT technique) occurs prior to PET imaging, ..."

2<sup>nd</sup> paragraph, 5<sup>th</sup> sentence, have been revised to read "*Low-dose and/or diagnostic CT data ... of the PET data per the options outlined in section 12.2.1 above.*"

#### **Section 12.2.5**

1<sup>st</sup> paragraph, 2<sup>nd</sup> sentence, "IMC" has been written out at first mention of the "Image Management Center"

2<sup>nd</sup> paragraph to end of section has been extensively revised to read: "*ACRIN can provide software (TRIAD, see [www.triad.acr.org](http://www.triad.acr.org)) for installation on a PC at your site that collects and submits image sets from your MRI computer or from your PACS. The images are "DICOM pushed" either from the MRI computer or from the PACS to the PC on which the software is installed. This software anonymizes, encrypts and non-destructively compresses the images as they are transferred by FTP to the ACRIN database in Philadelphia. For further information or questions, email [imagearchive@phila.acr.org](mailto:imagearchive@phila.acr.org).*"

*Image Submission Software PC Requirements:*

1. Network capability to transmit data from a MR and PET scanner to a linked workstation or PC?
2. Do you have a PC available to transmit data (patient data, MR and PET image data) to ACRIN?
  - a. Operating System Windows XP Pro
  - b. Access to the Internet: Internet Explorer
  - c. Minimum of 50 GB available hard drive
  - d. At least 1 GB RAM
  - e. Ability to view PDF documents
3. Software utilities required to run image transmission software:
  - a. Windows Installer 3.1
  - b. Microsoft .NET framework 2.0
  - c. MDAC Type 2.8
  - d. MS SQL 2005 Express

**Please contact ACRIN to arrange for installation of the TRIAD software prior to first participant accrual. Contact the TRIAD help desk by e-mailing [Triad-Support@phila.acr.org](mailto:Triad-Support@phila.acr.org) or by calling 215-940-8820.**

**For Imaging Core lab image submission questions contact the lead technologist for this trial at [imagearchive@phila.acr.org](mailto:imagearchive@phila.acr.org) or 215-940-8880.**

*For submission on media, the media type must be limited to MOD, CD, or DVD. Media will not be returned unless specifically requested and unless return instructions and packaging are provided.*

*Send media to:*

American College of Radiology  
1818 market Street, 16<sup>th</sup> floor  
Philadelphia, PA. 19103  
ATTN: ACRIN 6671 – Core lab

*Each site will be required to be qualified by ACRIN prior to participant accrual. For detailed information regarding site PET qualification and PET/CT requirements, visit the ACRIN web site at: <http://www.acrin.org/PROTOCOLSUMMARYTABLE/PROTOCOL6671/6671ImagingMaterials/tabid/417/Default.aspx>*

*To better ensure image quality, the technical parameter charts should be distributed to the individual modalities to guarantee protocol compliance. These charts are available at: <http://www.acrin.org/PROTOCOLSUMMARYTABLE/>*

[PROTOCOL6671/6671/ImagingMaterials/tabid/417/Default.aspx](http://PROTOCOL6671/6671/ImagingMaterials/tabid/417/Default.aspx)

**Section 20.1** Page 63, 2<sup>nd</sup> paragraph, 2<sup>nd</sup> sentence, “data is” has been corrected to “data are”

**Section 21.0** Page 65, in the final two paragraphs before Section 21.1, in the parentheses of each 1<sup>st</sup> sentence of the paragraph, a comma has been added after “para-aortic” and “, and para-caval” has been added

**Appendix I** Page 84, the Informed Consent Form Template, under What Is the Procedure for Injecting Ferumoxtran-10?, the former 4<sup>th</sup> sentence—“Secondly, a blood test will be done to look for any other possible effects of ferumoxtran-10.”—has been deleted

Page 86, under What Are the Risks Associated With This Type of Surgery?, a description of Lymphedema has been added:

*“Lymphedema: swelling in the leg(s) because fluid in your lymph nodes is not draining properly and builds up. This can lead to trouble moving your limb(s), infection, and/or hardening of the skin around the limb(s). Lymphedema cannot be cured, but it can be treated.”*