ESTABLISHMENT OF A NATIONAL BIOREPOSITORY TO ADVANCE STUDIES OF IMMUNE-RELATED ADVERSE EVENTS

Registration eligibility criteria (see Section 3.2)

- Received one or more immuno-oncology (IO) therapeutics (See Appendix I and Section 3.2.1)
- Experienced one or more of the following:
  - One or more serious (Grade 3–5) AEs that are likely immune-related. AEs included in CTCAE v. 4.03 and/or v. 5.0 that may be immune-related are listed by irAE in Appendix II.
  - Diagnosis of a rare infection, e.g., fungal or mycobacterial, after starting IO treatment.
  - Hyperprogression, as defined in Appendix III.

Schema

<table>
<thead>
<tr>
<th>Grade 3+ irAE Event</th>
<th>Registration**</th>
<th>Collection of biospecimens and data</th>
<th>Collection of biospecimens and data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Within 1 to 7 days after registration</strong>*</td>
<td><strong>One month after registration</strong>*</td>
</tr>
</tbody>
</table>

* In addition, data will be collected during routine visits until resolution of irAE or until 1 year after the irAE event.

** Registration must occur within 72 hours of confirmation of irAE event.
3.1 **Patient Selection**

For questions regarding eligibility criteria, see the Study Resources page. Please note that the Study Chair cannot grant waivers to eligibility requirements.

3.2 **On-Study Guidelines**

This clinical trial can fulfill its objectives only if patients appropriate for this trial are enrolled. All relevant medical and other considerations should be taken into account when deciding whether this protocol is appropriate for a particular patient.

3.3 **Registration Eligibility Criteria**

3.2.1 **Received one or more immuno-oncology therapeutics**

Must have received one or more IO therapeutics. These therapeutics include the agents listed in Appendix I.

3.2.2 **Experienced one or more serious AEs**

Must have experienced one or more of the following:

- One or more serious (Grade 3–5) AEs that are likely immune-related. AEs included in CTCAE v. 4.03 and/or v. 5.0 that may be immune-related are listed by irAE in Appendix II.
- Diagnosis of a rare infection, e.g., fungal or mycobacterial, after starting IO treatment.
- Hyperprogression, as defined in Appendix III.

Image submission for patients experiencing hyperprogression is required. For assistance in determining hyperprogression for purposes of eligibility, institutions may contact the Study Chair and submit images for central review (see Section 6.3).

4.1 **Patient Registration**

4.2 **CTEP Registration Procedures**

Food and Drug Administration (FDA) regulations and National Cancer Institute (NCI) policy require all individuals contributing to NCI-sponsored trials to register and to renew their registration annually. To register, all individuals must obtain a Cancer Therapy Evaluation Program (CTEP) Identity and Access Management (IAM) account at [https://ctepcore.nci.nih.gov/iam](https://ctepcore.nci.nih.gov/iam). In addition, persons with a registration type of Investigator (IVR), Non-Physician Investigator (NPIVR), or Associate Plus (AP) (i.e., clinical site staff requiring write access to OPEN, Rave, or acting as a primary site contact) must complete their annual registration using CTEP’s web-based Registration and Credential Repository (RCR) at [https://ctepcore.nci.nih.gov/rcr](https://ctepcore.nci.nih.gov/rcr).

RCR utilizes five person registration types.

- IVR — MD, DO, or international equivalent;
- NPIVR — advanced practice providers (e.g., NP or PA) or graduate level researchers (e.g., PhD);
- AP — clinical site staff (e.g., RN or CRA) with data entry access to CTSU applications (e.g., Roster Update Management System (RUMS), OPEN, Rave);
APPENDIX I IMMUNO-ONCOLOGY THERAPEUTICS

Agents of interest include:

CTLA-4 inhibitors
Ipilimumab
Tremelimumab

PD-1 inhibitors
Cemiplimab
Nivolumab
Pembrolizumab

PD-L1 inhibitors
Atezolizumab
Avelumab
Durvalumab

Additional agents with similar mechanisms of action, e.g., targeting any of the above proteins may be included. Those with other targets may be considered on a case-by-case basis.