

HALT Trial Schema

Targeted therapy with or without dose intensified radiotherapy for oligo-progressive disease (OPD) in oncogene-addicted lung tumours (HALT)

HALT is a randomised, multi-centre phase II/III trial designed to assess whether the use of SBRT to treat oligo-progressive disease can prolong the period of clinical benefit obtained from targeted therapy. Patients will be randomised to receive SBRT or no SBRT (2:1) with all patients continuing to receive background targeted therapy as per clinical guidelines. HALT incorporates an integrated phase II/III trial design with transition to full phase III dependent on feasibility data obtained during the phase II.

Eligible patient group:

110 patients randomised with advanced NSCLC with confirmed actionable mutations responding to TKI treatment prior to development of OPD with ≤ 5 sites of extracranial oligo-progression all suitable for SBRT.

RANDOMISE 2:1

(Treatment: Control)

Treatment Group

SBRT dose and fractionation dependent on site of metastasis and proximity to critical normal tissues

Patients will continue to receive background TKI treatment as prior to trial entry. Simultaneous administration (SBRT & TKI) or break in TKI during SBRT will be by centre preference and determined prior to commencing recruitment

will permissible Repeat SBRT be nogu development of subsequent OPD lesions dependent on SBRT suitability total progression lesion number at any one point remaining ≤ 5

Control Group

No SBRT therapy

Continuation on the same background TKI treatment as prior to trial entry

Follow-Up: All patients will be seen at 8 weeks post randomisation then every 3 months thereafter with tumour imaging and toxicity assessment occurring at each 3 monthly follow up visit until disease progression. QoL will be assessed at baseline, 8 weeks and at the first follow up visit. Patients will continue to be followed until death with information on current treatment and status being recorded at routine practice assessments.

Sample Collection: Blood samples will be collected from patients at baseline, after the first SBRT fraction (treatment group only), 8 weeks and then 3 monthly on follow-up until change in systemic therapy is indicated. Archival tissue will be requested from all patients where available. Voluntary biopsies of progressive lesions will also be requested where possible.