NRG-LU005
SCHEMA

PATIENT POPULATION:
Limited stage (Tx, T1-T4, N0-3, M0) small cell lung cancer (LS-SCLC)

STRATIFICATION

- Radiation schedule, BID (3 weeks) vs daily (6.5 weeks)
- Chemotherapy (cisplatin vs carboplatin)
- Sex (male vs female)
- ECOG Performance Status (0/1 vs 2)

RANDOMIZE*

Arm 1	**Arm 2**
Platinum**/etoposide q3 weeks x 4 cycles + Thoracic RT 45 Gy bid or 66 Gy daily beginning with cycle 2 of chemotherapy***	Platinum**/etoposide q3 weeks x 4 cycles + Thoracic RT 45 Gy bid or 66 Gy daily beginning with cycle 2 of chemotherapy*** + Atezolizumab q3 weeks x 1 year, beginning with cycle 2 of chemotherapy

* Randomization is 1:1.

** First cycle of chemotherapy must be given prior to study entry for a total of 4 cycles, 3 given on study. Chemotherapy doublets delivered concurrently, cisplatin/etoposide or carboplatin/etoposide, is required. The site/investigator must declare the chemotherapy regimen that the patient will receive prior to the patient's randomization. Patients who develop a contraindication to cisplatin after beginning therapy may receive carboplatin in subsequent cycles. See Section 5.1 and 6 for details.

*** All patients with a complete or near complete response are strongly recommended to receive prophylactic cranial irradiation (PCI), planned within 4-6 weeks from completion of chemoradiotherapy. **Significant chemoradiotherapy toxicities should be resolved to grade 2 or less before beginning PCI.** Patients on Arm 2 who receive PCI will receive it concurrent with atezolizumab.