



Non-Interventional Study (NIS) Protocol Amendment

Amendment Number	3
NIS Name/Code	NIS-ORU-IRE-2009/1
Date	25 April 2012
NIS Protocol dated	8 December 2009
NIS Protocol	8 December 2009
Addendum dated	

Epidemiological study to describe NSCLC clinical management patterns in Central Eastern Europe and Russia. Lung-EPICLIN

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Sponsor:

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Protocol Amendment #3 is issued to change text of Protocol Addendum, version 2 dated 08.12.2009.

This amendment affects all sites participating in the study.

Section of Protocol Addendum amended:

6 STATISTICAL AND ANALYTICAL METHODS

6.2 Determination of sample size

Previous text:

The primary objective of this sub-study is to evaluate the distribution of EGFR mutation status (M+, M-, Mx) in the Russian population. The sample size calculation was based on estimates of EGFR mutation rates with a 95% confidence interval of no more than +/- 5% around the point estimates. For the descriptive analysis, 300 tissue samples from NSCLC patients will allow to estimate an expected EGFR mutation-positive proportion of 0.15 with a precision of 0.044, which means estimating 15% with a confidence interval from 10.6% to 19.4% ($\alpha=0.05$). Taking into account probable drop-out due to non-appropriate for EGFR analysis tissue samples, 500 patients enrolled will provide enough population for EGFR analysis

Revised text:

The primary objective of this sub-study is to evaluate the distribution of EGFR mutation status (M+, M-, Mx) **with identification of EGFR mutation type (EGFR del746-750 and EGFR Leu858Arg)** in the Russian population. The sample size calculation was based on estimates of EGFR mutation rates with a 95% confidence interval of no more than +/- 5% around the point estimates. For the descriptive analysis, 300 tissue samples from NSCLC patients will allow to estimate an expected EGFR mutation-positive proportion of 0.15 with a precision of 0.044, which means estimating 15% with a confidence interval from 10.6% to 19.4% ($\alpha=0.05$). Taking into account probable drop-out due to non-appropriate for EGFR analysis tissue samples, 500 patients enrolled will provide enough population for EGFR analysis.

Information about types of EGFR gene mutations will be reported in final statistical analysis data.

Reason for Amendment:

Reason for Amendment is data obtained on frequency of EGFR mutation types in Russian population. Amendment is agreed with National Coordinators and Study Sponsor.

Person who initiated the Amendment:

Vera Karaseva, Head of Medical Advisers Group.



**Non-Interventional Study (NIS) Protocol Amendment #3
– Appendix A**

NIS Name/Code: NIS-ORU-IRE-2009/1

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**Appendix A
Signatures**



ASTRAZENECA SIGNATURE(S)

Epidemiological study to describe NSCLC clinical management patterns in Central Eastern Europe and Russia. EPICLIN-LUNG

I agree to the terms of this Protocol Amendment #3, dated 25 April 2012.

**AstraZeneca Marketing Company
representative**

Professor Stepanov Alexey
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SIGNATURE OF NATIONAL COORDINATORS

Epidemiological study to describe NSCLC clinical management patterns in Central Eastern Europe and Russia. EPICLIN-LUNG

I agree to the terms of this Protocol Amendment #3, dated 25 April 2012.

Signature

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SIGNATURE OF NATIONAL COORDINATORS

Epidemiological study to describe NSCLC clinical management patterns in Central Eastern Europe and Russia. EPICLIN-LUNG

I agree to the terms of this Protocol Amendment #3, dated 25 April 2012.

Signature

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SIGNATURE OF NATIONAL COORDINATORS

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