NRG ONCOLOGY

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NRG-GI007, Phase I Trial with Expansion Cohort of OBP-301 (Telomelysin) and Definitive Chemoradiation for Patients With Locally Advanced Esophageal and Gastroesophageal Cancer Who Are Not Candidates for Surgery

Site Staff Education Material for OBP-301

- **What is a strategy for timing patient registration for protocol therapy start within 2 weeks?**
  Given the protocol-specified timeline of 2 weeks from registration to first protocol therapy (first endoscopic injection), sites should not register patients until CT simulation for radiation planning is performed and the first endoscopy procedure is scheduled. Note: Sites should ensure other baseline tests (e.g. imaging, labs) do not fall out of protocol-specified windows.

- **How should the injection be prepared to administer 2.0ml of OBP-301,taking into account potential "dead" space in the tubing and syringe?**
  As noted in protocol Appendix I, the maximal volume of 2.0 mL of OBP-301 should be injected whenever technically possible. As there is a "dead space" of up to 1.5 ml in the tubing and syringe, it will be necessary to utilize 2 vials of OBP-301, drawing up 2 mL from vial 1 and 1.5 mL from vial 2. At the end of the endoscopy procedure, any OBP-301 in the syringe, tubing and the 2nd vial that has not been administered should be disposed of per biosafety protocols.

- **Will the patient experience pain in the esophagus after the injection of the investigational product?** Yes, the patient may feel discomfort in the esophagus that, according to previous clinical studies, will go away within 2 days. This may cause some mild discomfort when swallowing food and liquids. This pain is different than the discomfort from chemotherapy and radiation, which can worsen during the treatment.

- **What are the most common side effects?**
  Any adenovirus can cause common cold or flu-like symptoms, such as fatigue, chills, fever, nausea, cough and muscle pain. Some patients may experience pain at the injection site as well.

- **Can the patient infect others?**
  In previous studies, it was not observed or suggested that any individual interacting with the patient became infected. The patient should wear a face mask within 48 hours after receiving OBP-301 or if the patient develops a cough.

- **Should patients be isolated after OBP-301 injection? Any additional precautions should medical staff or caregivers take when taking care of these patients?**
  Patients do not have to isolate after OBP-301 injection. OBP-301 cannot replicate in normal cells in healthy people. In previous studies, it was not observed or suggested that any individual interacting with the patient became infected with OBP-301. As a precaution, patients who have received endoscopic injection of OBP-301 are advised to wear face masks for 48 hours after injection to minimize potential spreading of OBP-301

to others. Similarly, caregivers should wear mask, gloves and apron for 48 hours post OBP-301 injection when interacting with patients. Studies suggest that viral DNA is no longer detectable in patient samples more than 48 hours after OBP-301 injection.

Immune compromised personnel (pregnant, post transplantation or people on immunosuppressive treatment) should limit direct interaction with patients who received recent OBP-301 injection.

- **What should I do for patients who develop general weakness or fatigue after OBP-301 dosing?**
  Patients who develop weakness and/or fatigue usually recover within days after rest. We do not have specific advice on medical treatment for general weakness and/or fatigue, except for supportive care. In clinical practice, an anti-viral medication called cidofovir has been used to treat severe adenovirus infections in people with immunocompromised systems in specific situations. However, there are no FDA-approved antiviral drugs for adenovirus treatment. We have not tested cidofovir in our studies and thus cannot make medical recommendations.

- **In OBP-301 treated patients, how to tell whether a clinical symptom such as fever or cough are OBP-301 related or may be caused by COVID-19?**

  Once OBP-301 is injected into a patient's esophageal tumor, it should mostly remain within the tumor tissue. Because OBP-301 is designed to specifically grow only in tumor cells, it is *unlikely that viral infection would spread to the entire body*. However, some OBP-301 treated patients may develop signs of fever and fatigue within a few days after OBP-301 injection. Cough, sore throat and shortness of breath were not commonly seen. If a patient presents with typical symptoms of COVID-19, they should be tested for COVID-19 to confirm the cause of the symptoms.

COVID-19 Symptoms	Overlapping Symptoms	OBP-301 Symptoms
Sore throat	Chills	Pain
New or worsening cough	Fever	Nausea
Aching throughout the body	Cough	Vomiting
Nausea, Vomiting or diarrhea	Pyrexia	Headache
Severe, constant lightheadedness	Fatigue	High heart rate
Severe, constant chest pain or pressure	Myalgia	Dehydration
	Malaise	Limb swelling
Loss of smell, taste, or appetite	Arthralgia	Pain in limbs
Serious disorientation or unresponsiveness		Skin Inflammation
		Tumor-related complication
Shortness of breath or mild to moderate difficulty breathing		

- **Does COVID-19 vaccination impact the patient's eligibility to participate the OBP-301 trials?**

  No, in general it should not impact a patient's ability to join the OBP-301 trial. However, patients should consult with their physician or health care provider about their vaccination plan.