





## Relevance of Innovative Trial Design Today

## Basket of Baskets and other Innovative Clinical Trials















### **Outline**



- Precision Medicine Clinical Trials Evolving Field
  - "Classic" industry-sponsored design:
    - single drug, single disease type, central biomarker analysis
  - Basket Studies
    - Vemurafenib in non-melanoma BRAF V600E mutant tumors
    - Larotrectinib in adult and pediatric NTRK fusion cancers
  - Molecular selection programs multiplexed biomarker analysis
  - Examples of academic studies with novel designs
    - WINTHER Study / LUNG-Matrix / NCI-MATCH
  - Basket of Baskets









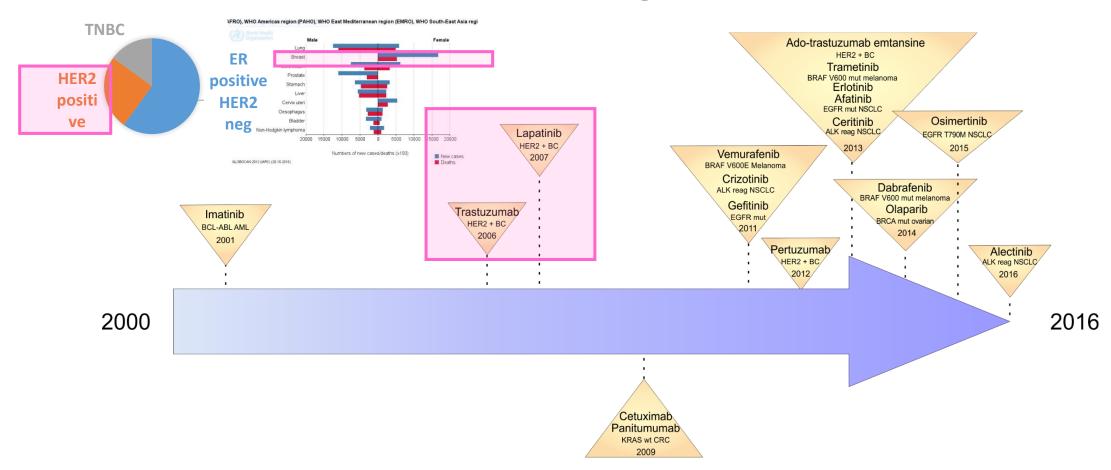






## Precision Medicine Clinical Trials Evolving Field













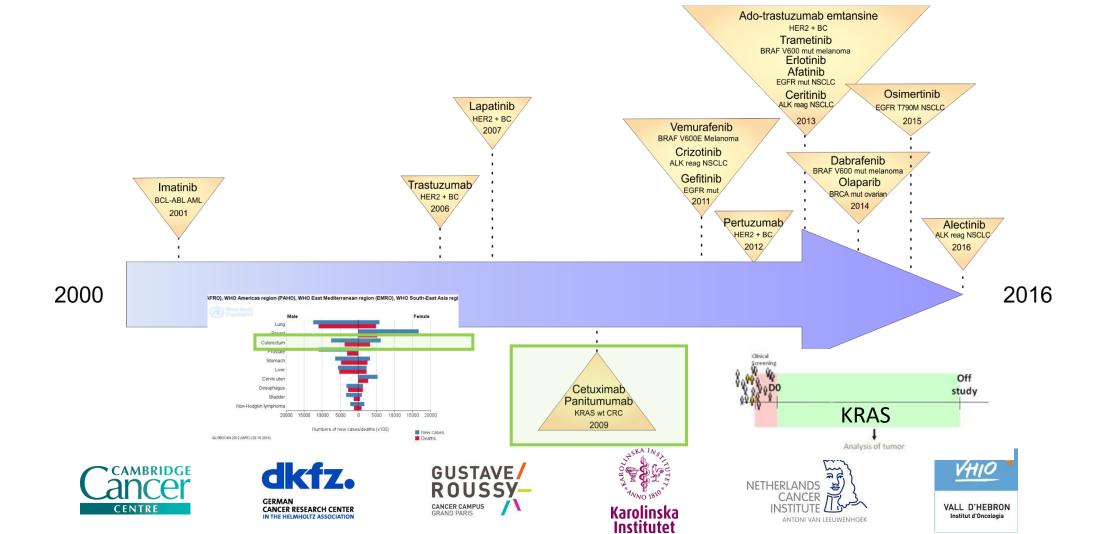








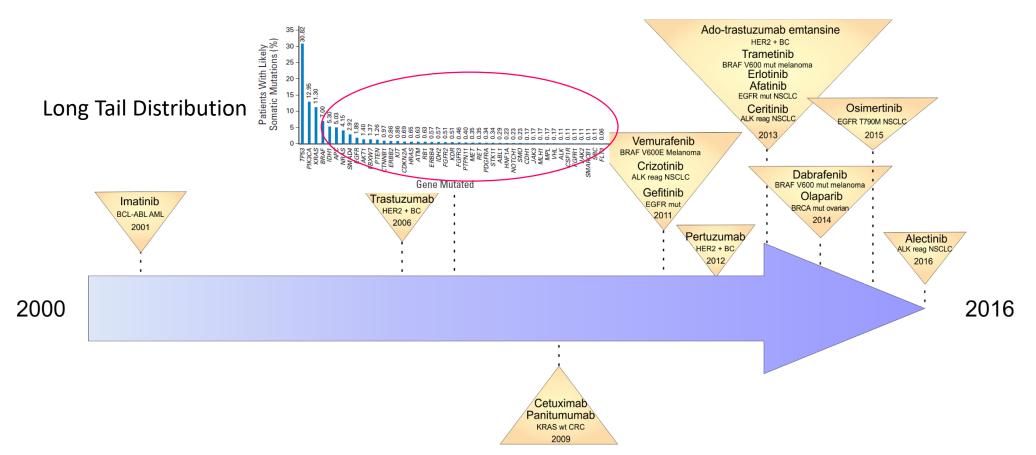






## Precision Medicine Clinical Trials Evolving Field



















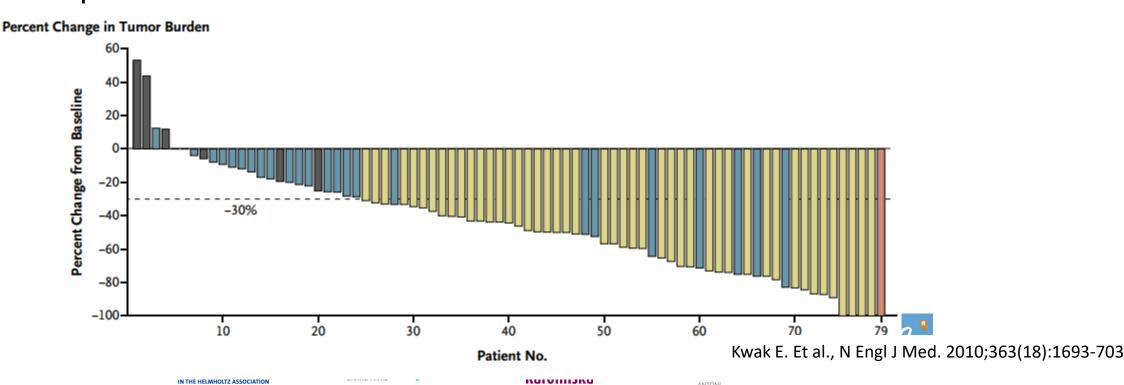
### "Classic" Precision Medicine in Oncology Study: Single drug, Single disease type, Central biomarker analysis



### Crizotinib in ALK-translocated NSCLC

- Approx. 1500 patients Screened
- 82 patients Treated

High Attrition



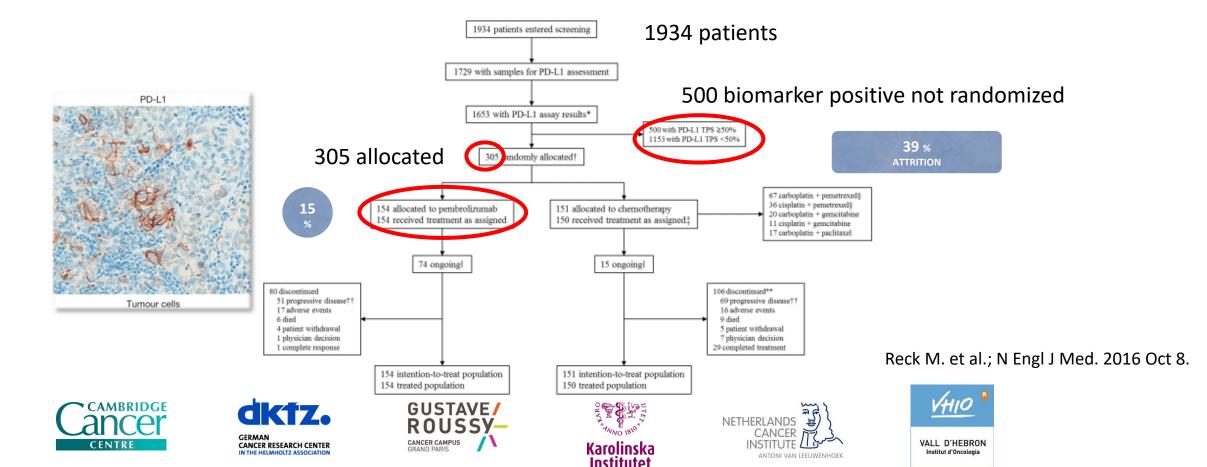
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## "Classic" Precision Medicine in Oncology Study Turn Around Time - Patient Clinical Deterioration

KEYNOTE-024: Phase III study of pembrolizumab vs Chemotherapy as first line for PD-L1-Positive Non-Small-Cell Lung Cancer.

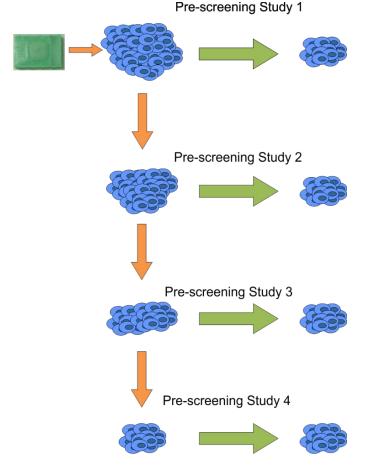




## "Classic" Industry-Sponsored Design – Issues Sample Exhaustion



- Subsequent central testing
  - Sample Exhaustion
- Particularly challenge
  - Small biopsies



















## Molecular Selection Programs

















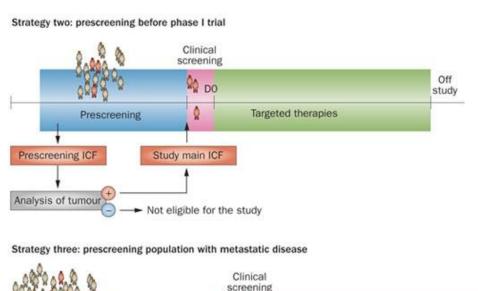


- Multiplexed biomarker analysis
- Performed locally
- Short turn-around time
- Patient's tumor characterized by the time of requiring participation in a clinical trial
- Customizable
- Cost issues





















## Molecular Selection Programs

	IMPACT (NCT01505400) Princess Margaret Cancer Centre	MD Anderson Cancer Center	MOSCATO Institute Gustave Roussy
Patients Enrolled	N=678	N=2601	N=708
Enrollment Period	Mar 2012 – April 2013	May 2012 – Jul 2013	
Sample not analyzed	75 (11 %)	601 (23 %)	66 (9%)
Patients >= 1 mutation	176	1203	
Patients actionable alteration	43	627	290
Patients receiving matched targeted agent	23 (clinical trial)	123 [83 clinical trial + 40 off label]	140



















## **Basket Studies**

Single Drug, Histology Agnostic Approach















## Basket Studies Vemurafenib in non-melanoma BRAF V600E mutant tumors

- Same Drug (single agent or in combination)
- Patients selected by a common molecular alteration
- Different tumor types

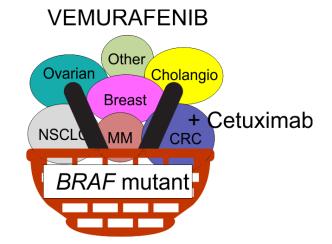
Arm 1	Non-Small Cell Lung Cancer
Arm 2	Ovarian Cancer
Arm 3	Colorectal Cancer
Arm 4	Cholangiocarcinoma
Arm 5	Breast Cancer
Arm 6	Multiple Myeloma
Arm 7	Others







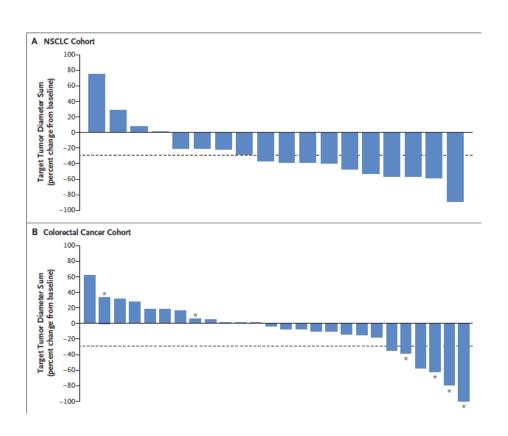


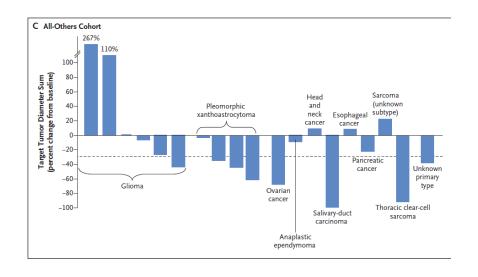






## Basket Studies Vemurafenib in non-melanoma BRAF V600E mutant tumors





Hyman DM et al. N Engl J Med (2015) 373:726-736









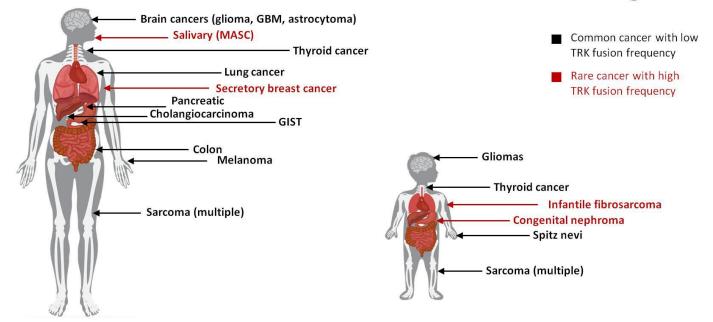






### **Basket Studies** Larotrectinib in Adults and Pediatric NTRK Fusion Tumors

#### TRK fusions found in diverse cancer histologies



Estimated 1,500-5,000 patients harbor TRK fusion-positive cancers in the United States annually













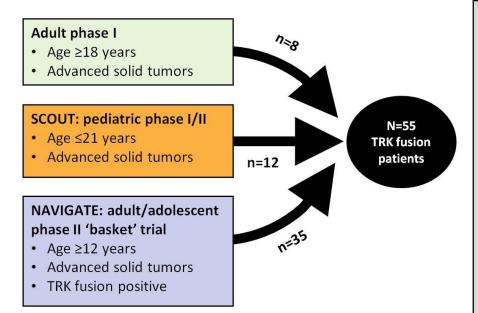






## Basket Studies Larotrectinib in Adults and Pediatric NTRK Fusion Tumors

#### Larotrectinib TRK fusion development program



- TRK fusion status determined by local CLIA (or similarly accredited) laboratories
- · Primary endpoint
  - Best objective response rate (ORR)
  - RECIST v1.1 per investigator assessment
- Secondary endpoints
  - Duration of response (DOR)
  - Progression-free survival (PFS)
  - Safety
- Dosing
- Single-agent larotrectinib, administered predominantly at 100 mg BID continuously
- Treatment beyond progression permitted if patient continuing to benefit

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#ASCO17 Hyman, LBA2501

Presented By David Hyman at 2017 ASCO Annual Meeting





Data cut-off: April 14, 2017









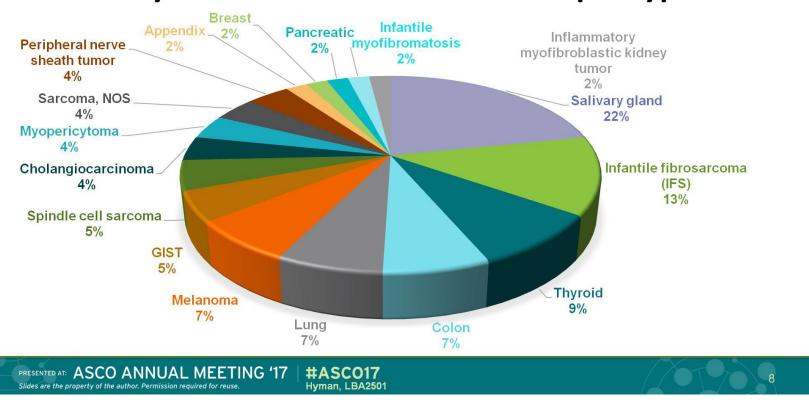




### Basket Studies

#### Larotrectinib in Adults and Pediatric NTRK Fusion Tumors

#### **Diversity of cancers treated - 17 unique types**



Presented By David Hyman at 2017 ASCO Annual Meeting













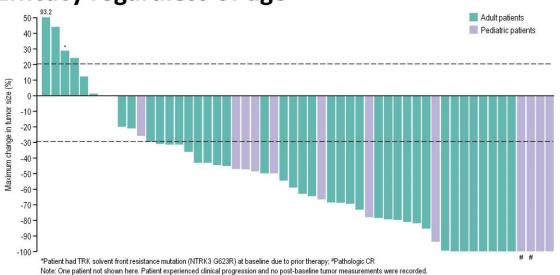




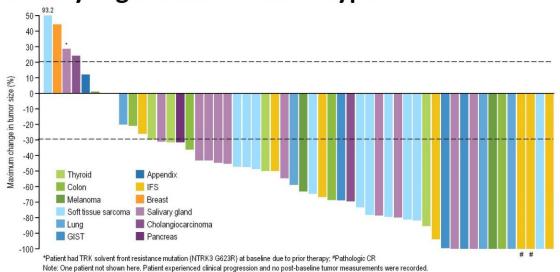


#### Larotrectinib in Adults and Pediatric NTRK Fusion Tumors

#### **Efficacy regardless of age**



#### **Efficacy regardless of tumor type**



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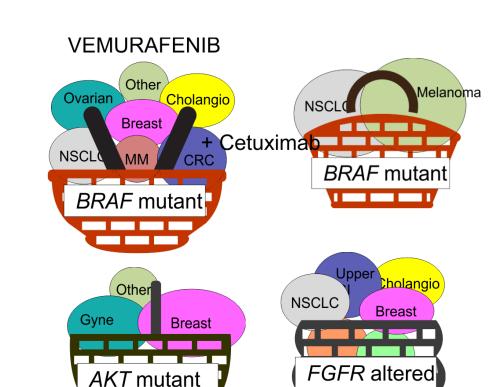
## Basket Studies: Challenges

- Different protocols co-existing
- Design not easily adaptable
- Different molecular selection methods
- Tumor sample exhaustion
- Molecular selection program cost
- Rare mutations / rare populations
  - Difficult to find in a single institution
  - Cost-effectiveness issues





















# Examples of Academic Studies with Novel Designs







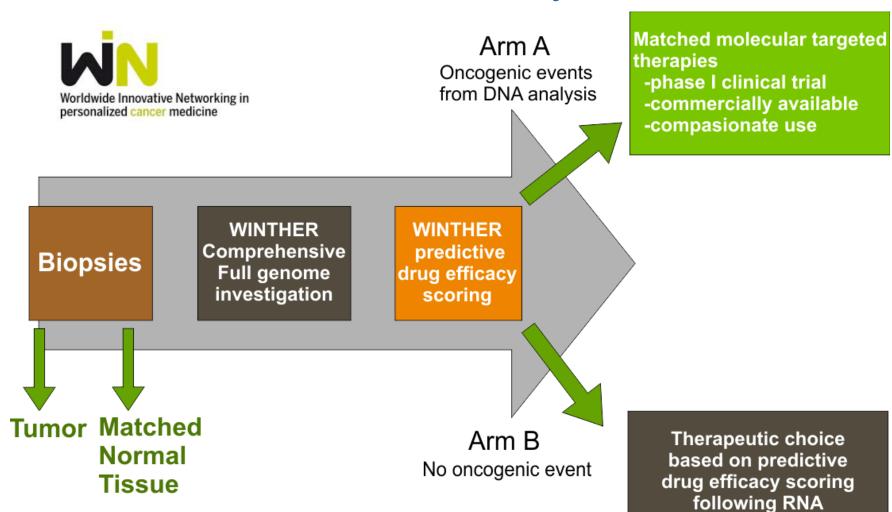








## WINTHER Study



based analysis

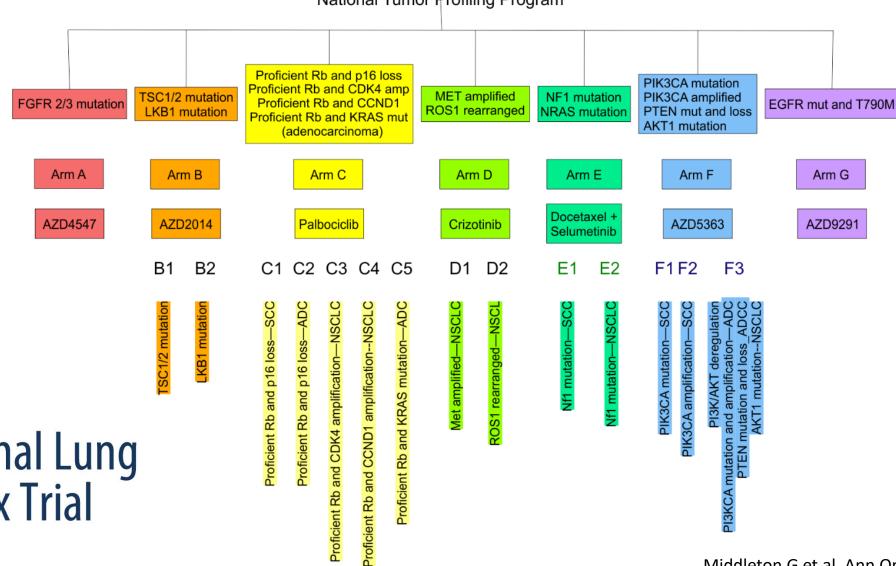
### **LUNG-MATRIX**



#### Patients with NSCLC



National Tumor Profiling Program



#### NATIONAL CANCER INSTITUTE NCI-MATCH CLINICAL TRIAL

THIS PRECISION MEDICINE TRIAL **EXPLORES TREATING PATIENTS** BASED ON THE MOLECULAR **PROFILES OF THEIR TUMORS** 

#### NCI-MATCH\* IS FOR ADULTS WITH:

- solid tumors (including rare tumors), lymphomas, and myeloma
- tumors that no longer respond to standard treatment







GENE SEQUENCING



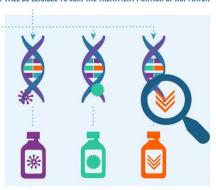
IF A PATIENT'S TUMOR HAS A GENETIC ABNORMALITY THAT MATCHES ONE TARGETED BY A DRUG

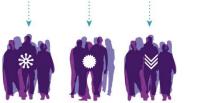




MATCHES A DRUG BEING

PATIENTS WITH TUMORS THAT SHARE THE SAME GENETIC ABNORMALITY, REGARDLESS OF TUMOR TYPE. WILL RECEIVE THE DRUG THAT TARGETS THAT ABNORMALITY





\*NCI-Molecular Analysis for Therapy Choice

www.cancer.gov/nci-match To learn more, call 1-800-4-CANCER







Arm	Drug	Alteration
А	Afatinib	EGFR mutation
В	Afatinib	HER2 mutations
C1	Crizotinib	MET mutation
C2	Crizotinib	MET 14 exón
E	Osimertinib	EGFR T790M
F	Crizotinib	ALK transloc
G	Crizotinib	ROS1 transloc
Н	Dabrafenib + Trametinib	BRAF V600E or V600K
J	Trastuzumab + Pertuzumab	HER2 amplification
L	TAK228	mTOR mutation
М	TAK228	TSC1 or TSC2
R	Trametinib	BRAF fusions or Other BRAF mut

Arm	Drug	Alteration
S1	Trametinib	NF1 mutations
S2	Trametinib	GNAQ or GNA11 m
Т	Vismodegib	SMO / PTCH1 m
U	Defactinib	NF2 loss
V	Sunitinib	cKIT mutations
Χ	Dasatinib	DDR2 mutation
Υ	AZD5363	AKT mutation
W	AZD4547	FGFR alterations
Z1B	Palbociclib	CCND1, 2 and 3 ampl
Z1C	Palbociclib	CDK4 or CDK6 ampl
Z1E	Larotrectinib	NTRK fusions
Z1I	AZD1775	BRCA1 or BRCA2 mutations







## Basket of Baskets (BoB)

A modular multi-Basket trial to improve personalize medicine in cancer patients









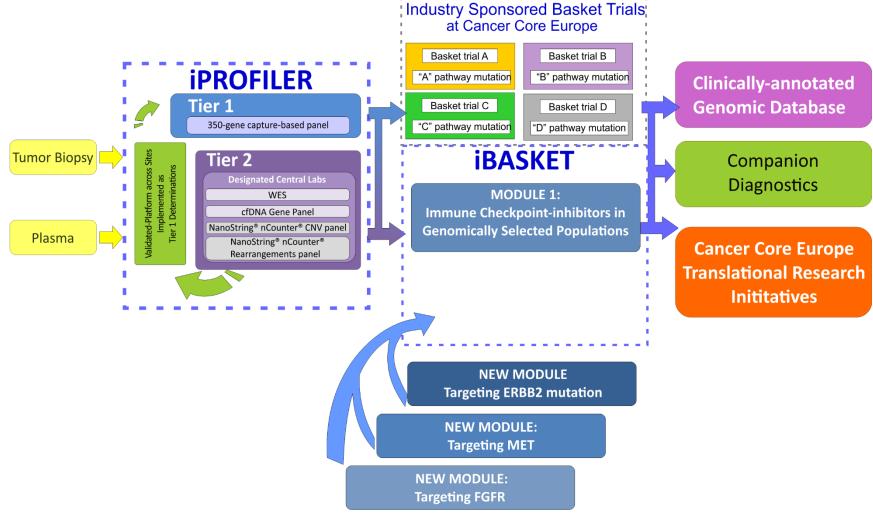






## Basket of Baskets: Study Design





















### Basket of Baskets: iPROFILER

## Multiplexed NGS platform Sample optimization

#### Two tiers

<u>Tier 1:</u> customized, certified NGS panels in each center

- Rapid turnover
  - Diminishing patient attrition
- Companion Diagnostic (CDx) co-development

<u>Tier 2:</u> Centralized.

Whole exomeSeq, mRNA analysis, cfDNA

Subsequent validation across sites to become Tier 1 test

- ✓ Flexibility to incorporate new platforms and biomarkers
- ✓ Allow development of Multimarker CDx



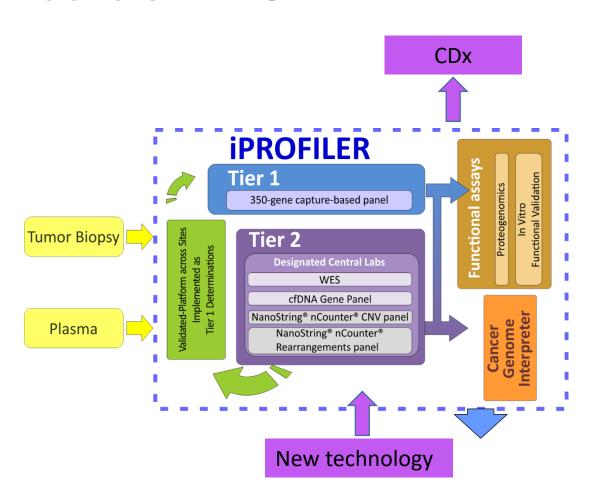








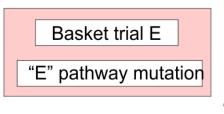


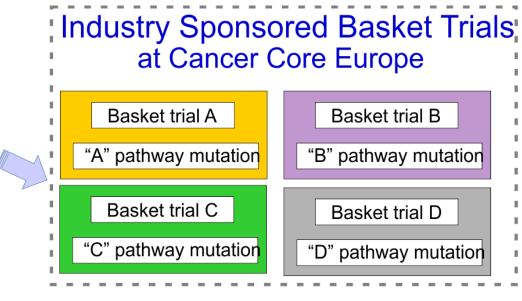




### Basket of Baskets: Industry Sponsored Basket Trials







Basket trial E

"E" pathway mutation

- Access to a large number of patients with molecularly profiled tumors (iPROFILER)
- Common contract/budgeting policy
- Companion Diagnostic Validation
- Open to collaboration open to include new basket trials













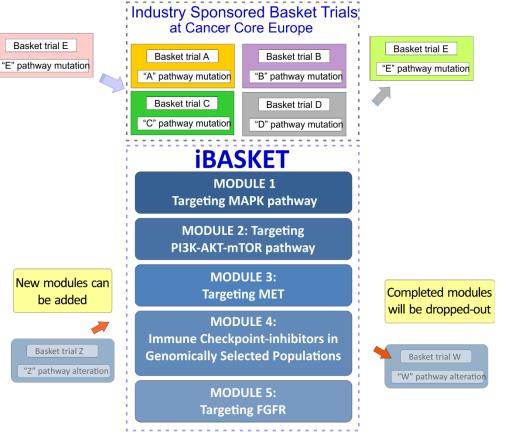


## Basket of Baskets iBASKET



#### iBASKET - Investigator Initiated

- Umbrella protocol
- Multi-modular
- Modules can be added or droppedout based on the results
- Each module has individual arms in genomically selected populations



















### Arm Structure

New arms can be added

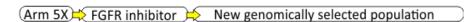
Completed arms can be added







Arm 5C → FGFR inhibitor → New genomically selected population



Potential use of different statistical designs per module or treatment arm Module 1

- Bayesian model
  - Provides flexibility in case the number of patients identified by iPROFILER and enrolled in module 1
    differs from the estimated number at the time of treatment design
- Adaptative design
  - To evaluate the most appropriate cut-off for arms evaluating continuous variables (such as CNA)









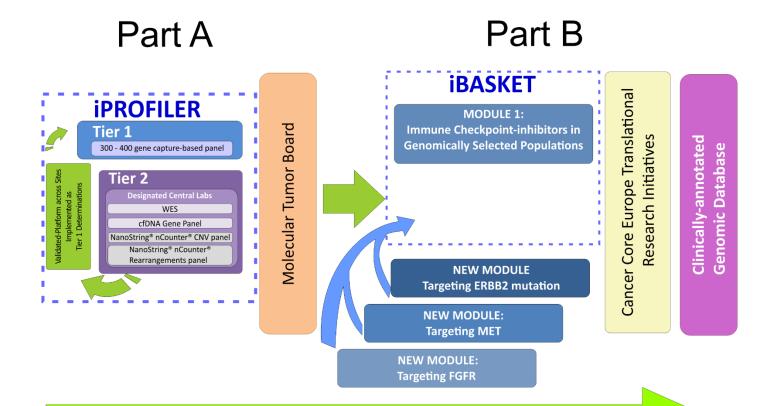








### Basket of Baskets: Outcomes



**Companion Diagnostic Development** 

















## Key Inclusion/Exclusion

- Patients must have histologically or cytological confirmed malignancy that is metastatic or unresectable who have progressed to standard therapy, who are receiving a standard anticancer treatment but no subsequent approved treatment would be available upon progression, who are unable to receive standard therapy, or for whom standard therapy does not exist.
- Patient must have ECOG performance status of 0 or 1.
- Patients must be 18 year-old or older.
- Patients must have measurable disease according to RECIST 1.1. (see section 16.1 for details)
- Patients must have enough tumor tissue for molecular analysis:
  - Patients providing fresh frozen tissue must provide 4 core biopsies or equivalent. Fresh frozen tissue must be
    preferentially collected from a tumor biopsy; hence, patients must have disease amenable to be biopsied. Otherwise, the
    patient should have fresh frozen tumor tissue stored in a biobank or biorepository.
  - Patients providing formalin-fixed paraffin embedded tissue (FFPE) must provide a minimum amount of tissue ranging from 20 to 28 slides depending on the sample tumor cellularity. If there is not enough archival tissue to meet this criterion, the patient must undergo a tumor biopsy.
  - Efforts will be made to provide fresh frozen tissue in at least one quarter of the participating patients. The proportion of patients that might provide fresh frozen tissue might change based on the results from the molecular analysis.
- Adequate organ function
- Women of child-bearing potential and men must agree to use adequate contraception

















## iPROFILER Schema

	Screening						МТВ	Results	МТВ
	Informed	consent	Screening	<= 5 days from sample	· ·		Tier 1	discussion	Tier 2
	signature		visit	reception	tumor biopsy	biopsy		Visit	
Informed consent <sup>1</sup>	Х								
Medical history			X						
Cancer history <sup>2</sup>			X						
Demographics <sup>3</sup>			X						
ECOG PS			X					X	
Symptoms			X					X	
Height, weight			X						
Physical exam			X						
CBC <sup>4</sup>			X						
Biochemistry <sup>4</sup>			X						
Coagulation <sup>4</sup>			X						
Serum pregnancy test			X						
Blood collection for germline			X						
DNA assessment									
Review eligibility criteria	<		X		>				
Additional criterion for patients pr	oviding archival	tissue (fres	h frozen or FFPI	Ε)					
Tumor quality assessment <sup>5</sup>				X					
Additional criteria for patients unc	lergoing tumor	biopsy							
CBC <sup>6</sup>					Χ				
Tumor biopsy <sup>7</sup>						Χ			
All patients									
Tier 1 Report MTB discussion							Χ		
Tier 1 Report review with patient								X	
Tier 2 Report MTB discussion									(X) <sup>8</sup>
Tier 2 Report review with patient									(X) <sup>8</sup>











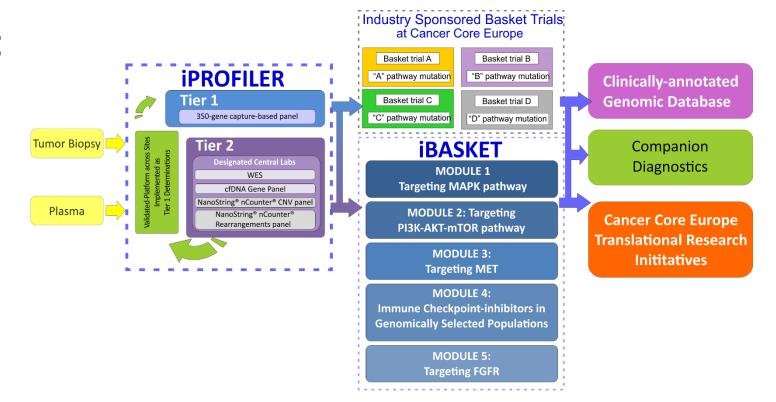




## Cancer Core Europe – Basket of Baskets



- Taskforces integration:
  - Clinical Trials
  - Genomics
  - Data Sharing
  - Imaging
  - Immunotherary
  - Education
  - Legal Contracts



















### Conclusions

- More patients accesing to anti-cancer personalized therapy
- Cost-efficient plattform:
  - Evaluate anticancer activity
  - Expedite drug development
- Creating genomically annotated clinical database
- Platform for translational research
- Flexibility
- Long-lasting Project































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