



# Evolving endpoints in cancer trials EU Regulator's perspective

Aaron Sosa, MD

Chief Medical Officer at the Danish Medicines Agency  
Alternate CHMP member for Denmark at the EMA



CDDF  
MULTI-STAKEHOLDER  
WORKSHOP

Innovative oncology trial designs

18 - 19 September 2023





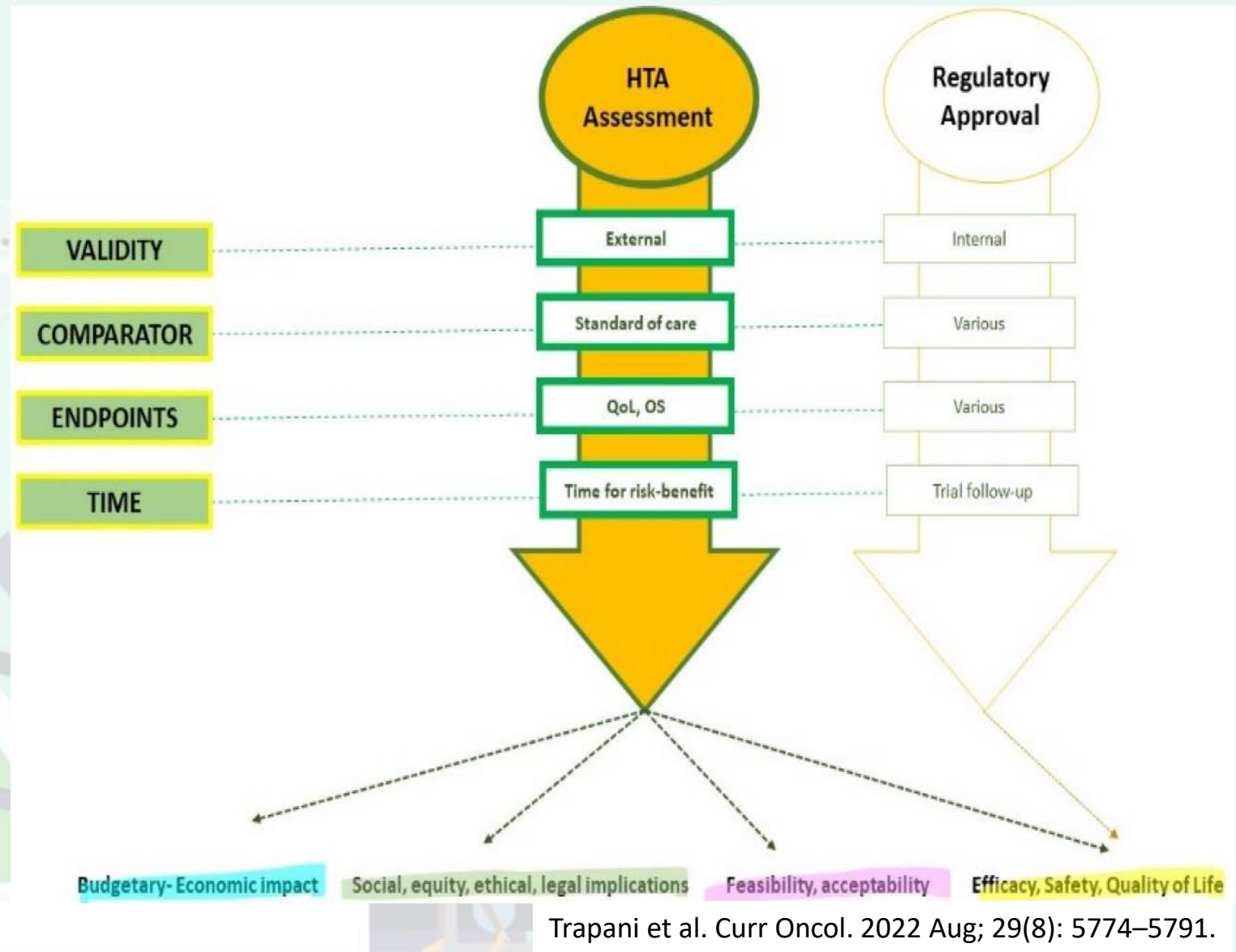
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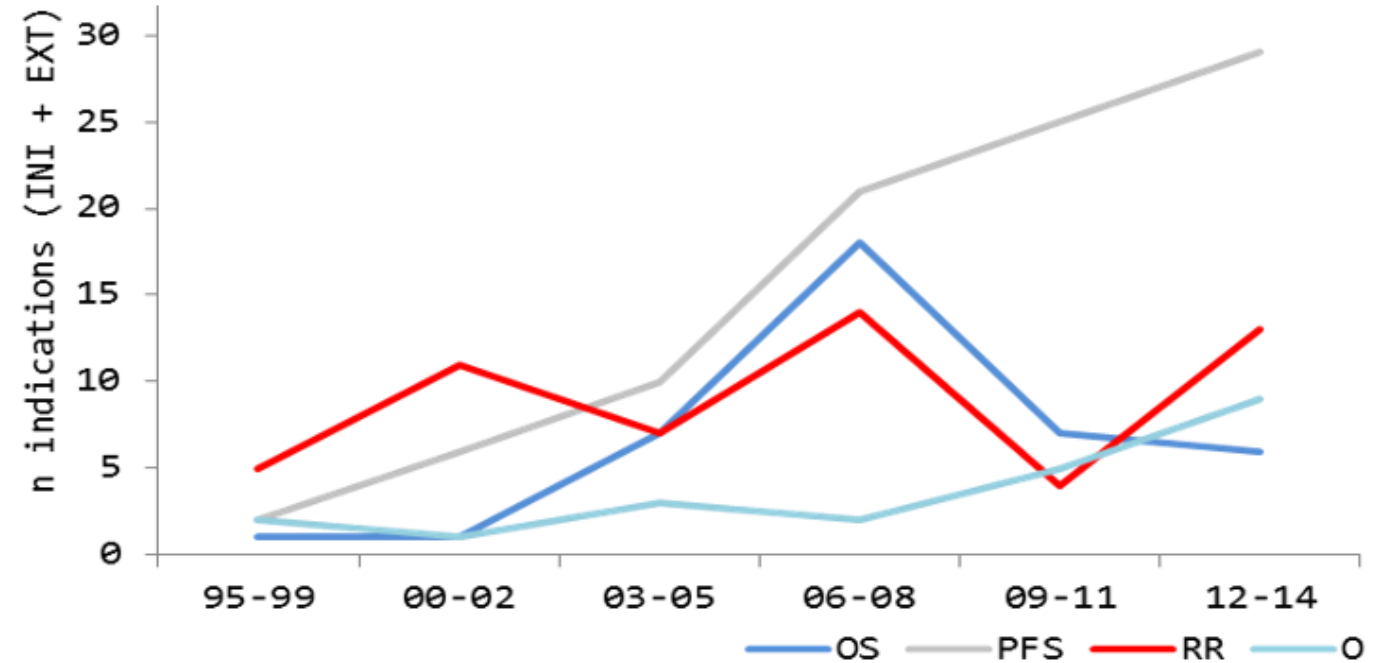
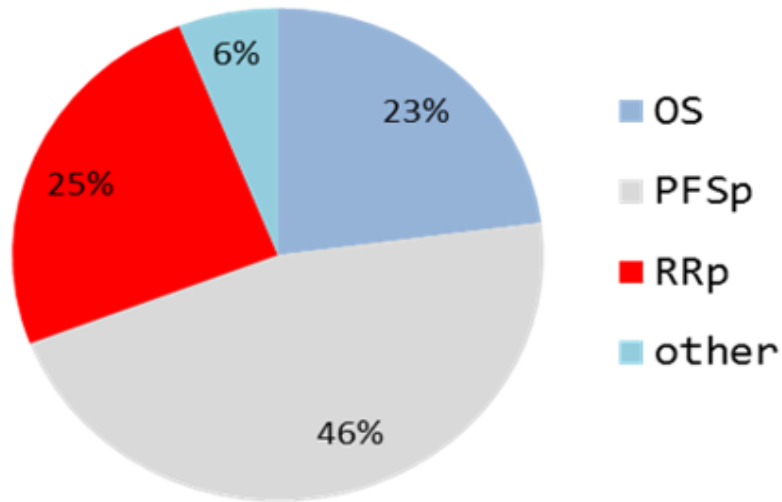
# Regulatory approval

- Aims to establish if benefits > risks [Regulation (EC) No. 726/2004]
- New drugs not necessarily “superior” to those already on the market
- Patient perspective is central
  - No relative-effectiveness
  - No pricing or health-economic considerations



Trapani et al. Curr Oncol. 2022 Aug; 29(8): 5774–5791.

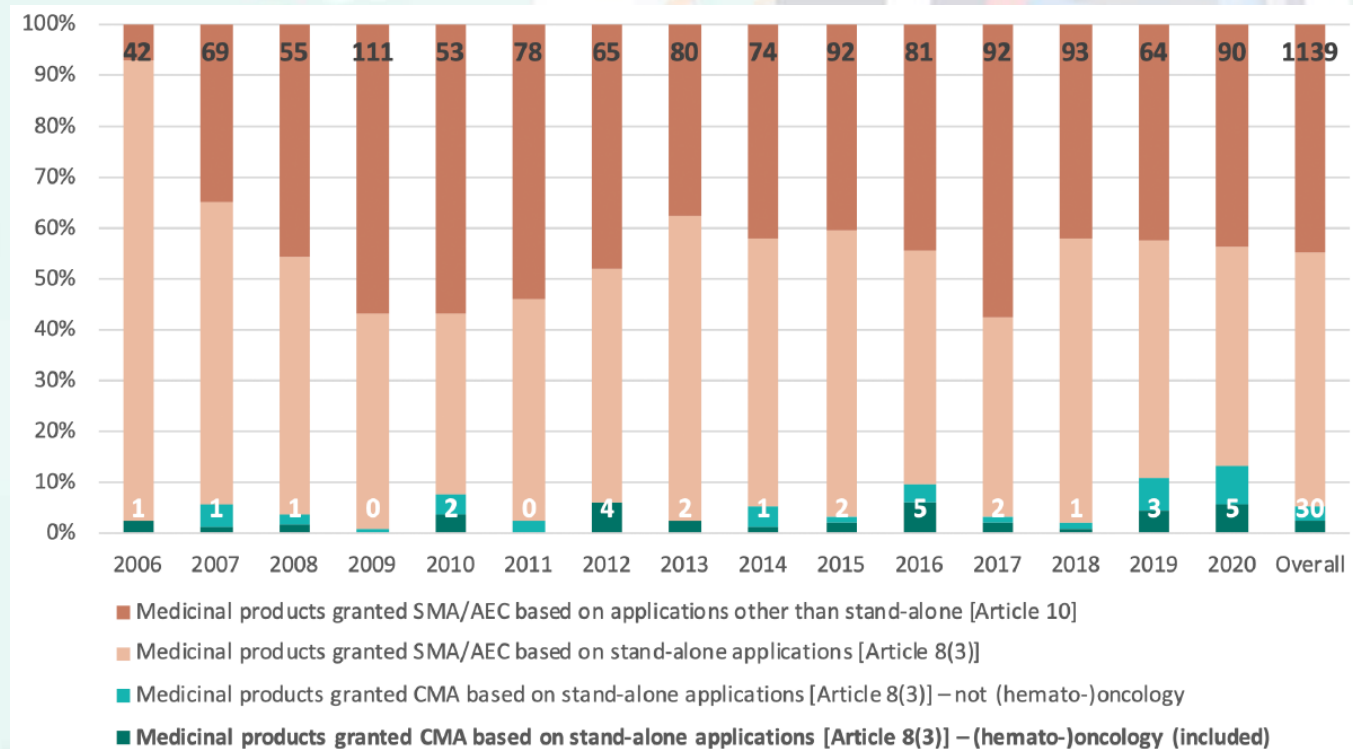
# Primary endpoints for approval of cancer drugs, EMA experience up to 2016



J. Martinalbo, ESMO 2016

# What have we seen in the last few years?

Increased number of conditional marketing authorisations (CMA) based in single arm trials (SAT) with response-related endpoints as primary endpoint, particularly for targeted therapies intended for oncogene-addicted (biomarker+) diseases



Bloems et al, European CMA in a Rapidly Evolving Treatment Landscape: A Comprehensive Study of Anticancer Medicinal Products in 2006–2020. Clin Pharmacol Ther 2023 Jul;114(1):148-160

# Current trends in decision-making

**My interpretation from the anticancer guideline V6 on primary Eff endpoints:**

Varies according to disease and setting/line of therapy, but in general:

- **Metastatic setting:** Improved OS in RCT against SOC is gold standard
  - PFS with sufficient maturity (avoid early IAs) and non-detrimental OS in RCTs acceptable in particular circumstances
  - ORR in SATs for specific populations may grant CMA, but eventual provision of comprehensive data (usually an RCT) must be agreed upfront
- **Adjuvant setting:** Sufficiently mature DFS and non-detrimental OS in RCTs
- **Neoadjuvant setting:** Sufficiently mature EFS and non-detrimental OS in RCTs
  - Pathologic response endpoints (PCR, MPR, etc.) not sufficiently validated across histologies

**Scientific advice (SAWP) from the CHMP is recommended when deviations from the guideline are in consideration**

# What about newer surrogate endpoints?

- Early metabolic response in neoadjuvant trials
- ctDNA to monitor response in metastatic trials
- CCR12 in neoadjuvant approach to LARC

**Too early to conclude on their validity as surrogate endpoints for regulatory decisions – time will tell**

## What about PCR/MPR in neoadjuvant NSCLC trials?

**Opdivo II-117 EPAR (21.07.2023):** pCR has not been validated as a surrogate endpoint of survival, but results on this endpoint provide information about treatment's antitumour activity and are considered supportive.