

Clinical research challenges : the role of Oncodistinct network



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Disclosures (2015-2019)

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 - *Astra Zeneca*
 - *Novartis*
 - *Pfizer*
 - *Roche*

Outline

- Clinical research in modern oncology : opportunities and challenges
- Oncodistinct network : general objectives and main features
- Oncodistinct network : first ongoing trials
- Perspectives

Clinical research in oncology ... Opportunities (1)

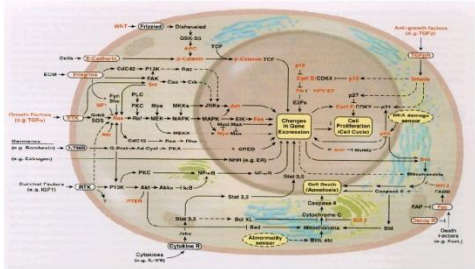
A wealth of novel therapeutic strategies ...

Molecular targeted therapies (MTT)

- Oncogenic drivers “de-addiction”
- Inhibition of critical signaling pathways
- Specific cytotoxicity

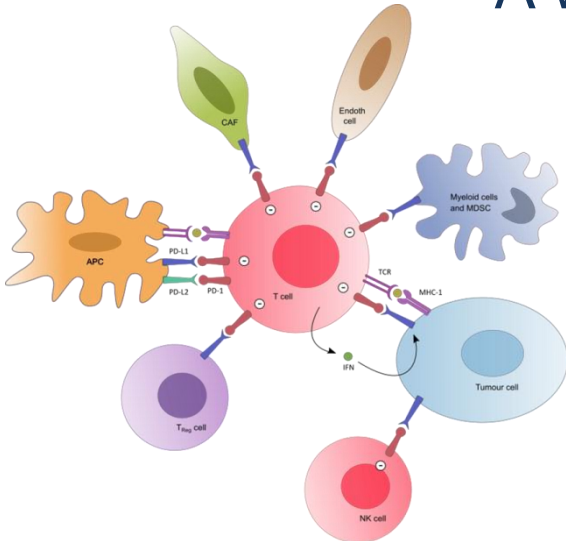
- **Targets** = RAS, RAF, MAPK, PI3k/Akt/mTOR, cell cycle inhibitors, DNA repair, Angiogenesis, Epigenetic, Apoptosis, Invasion/metastasis, Metabolism/energy

- **Agents** = TKIs, Mab, ADC ...

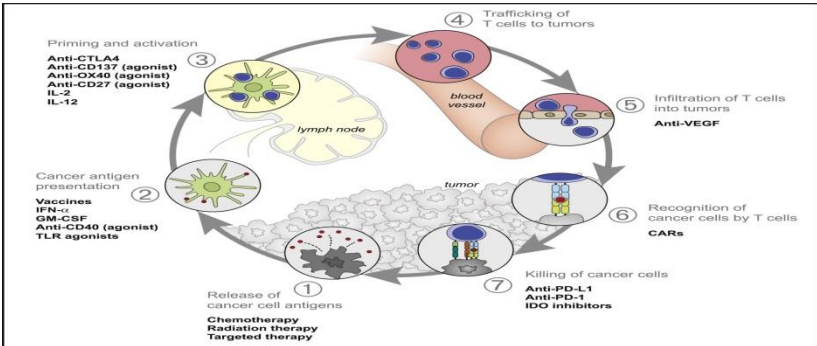


Clinical research in oncology ... Opportunities (2)

A wealth of novel therapeutic strategies Immuno-oncology agents (IOA)



- **T cells**

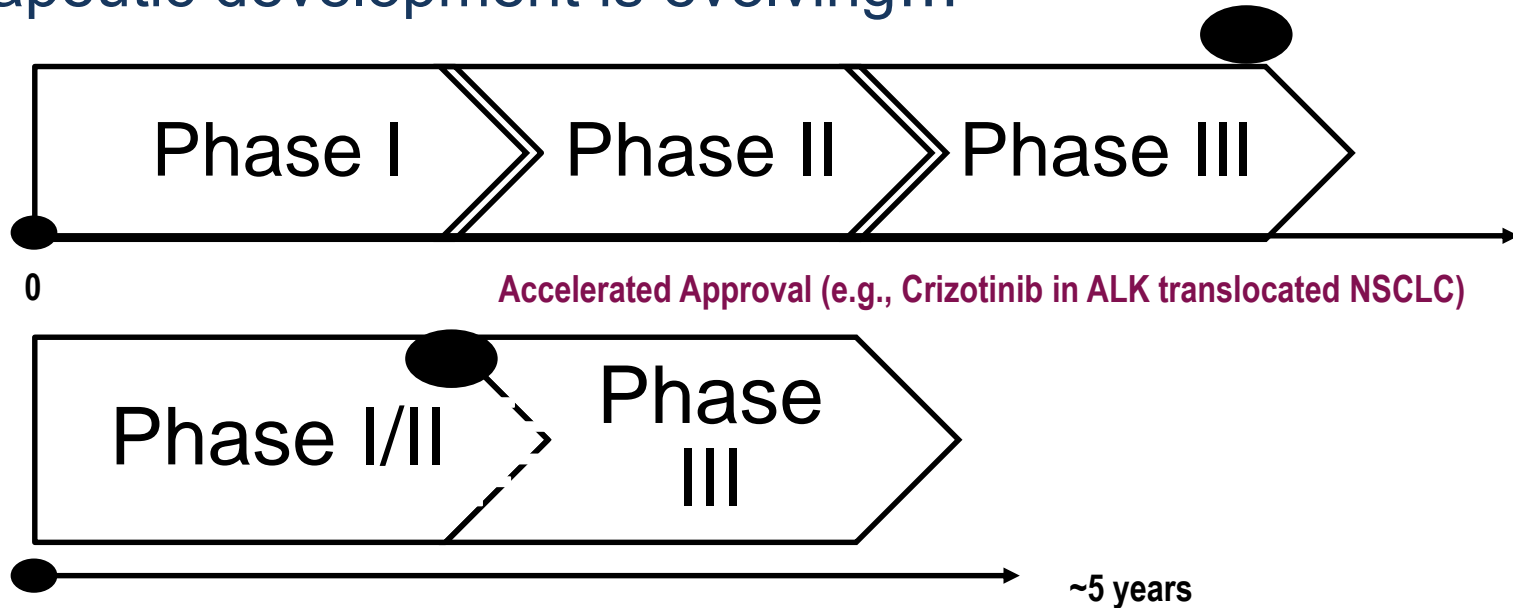


- **Other Immune effectors** = NK cells, APC, MDSC, Endothelial cells, CAF, Macrophages, Treg...

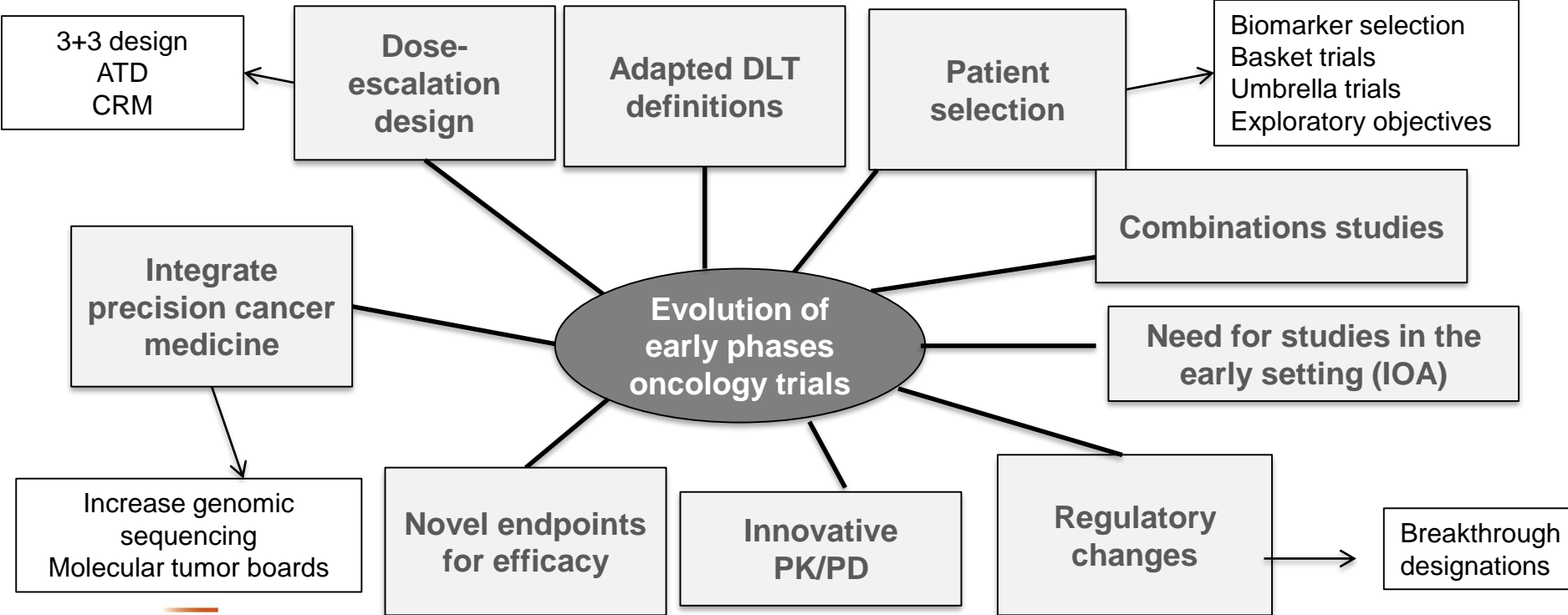
- **Adoptive cell transfer immunotherapy**
CAR T and others

Clinical research in oncology ...Challenges (1)

Therapeutic development is evolving...



Clinical research in oncology ...Challenges (2)



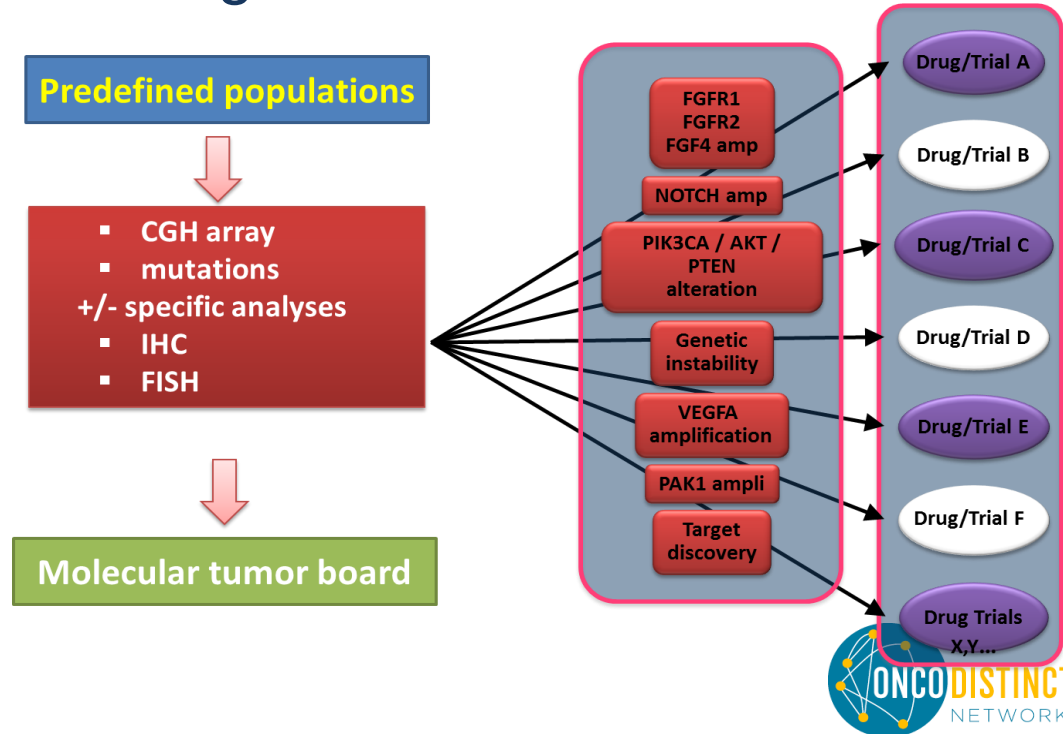
Methodological issues

Clinical research in oncology ...Challenges (3)

Therapeutic development is evolving...

Precision medicine trials

- Molecular screening (tumor, blood)
- Validated biomarkers
- Access to drugs, combo
- Heterogeneity (spatial, temporal)
- Mechanisms of resistance
- Adaptive design
- Statistical challenges



Clinical research in oncology ...Challenges (4)

Therapeutic development with IO agents...

1. Optimal dose and schedule selection ?

- > Minimal immunologically active dose (dose is not linearly associated with efficacy and toxicity)
- > Optimal dose for prolonged exposure

2. Optimal sequence/duration/rechallenge ?

- > Maximize benefit for patients and minimize economic burden

3. Identify resistant/sensitive disease to immunological approaches ?

- > Biomarkers (immunoscore, Immunomics, ...)

4. New patterns/definitions of tumor assessment and disease progression ?

5. Combinations issues – importance of testing in early setting ?

6. Competitives trials and redundancy ++++ ?

Clinical research in oncology ...Challenges (5)

Strategic issues

Drug development
may be more
commercially-driven
than patient-centered

Rare “orphan” diseases
Rare genomic entities
“Underserved” clinical
entities : CNS mets, CUP...

appropriate/pertinent
control arms ?

Dose, duration, sequence,
side effects, QOL,
de-escalation strategies ?

Biomarker-driven studies
Collecting tumor samples
= to identify/validate biomarkers ?

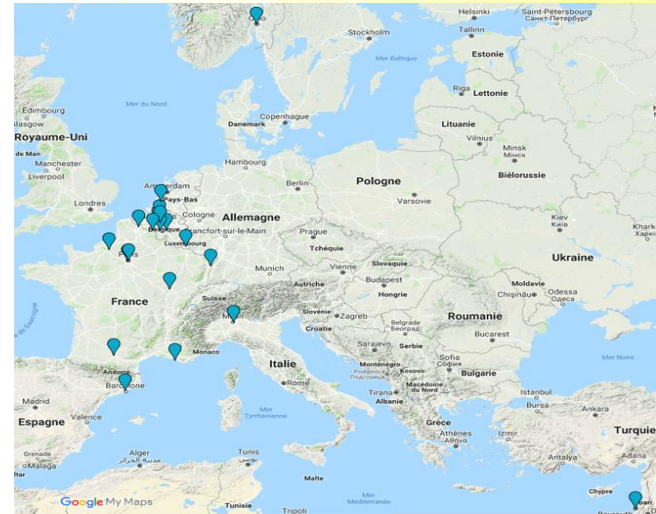
Combinations between drugs
from concurrent pharmas ?

Need for more
academic-driven
therapeutic
development

Oncodistinct network

"Accelerating Oncology drug Development and Innovative strategies in Clinical Trials"

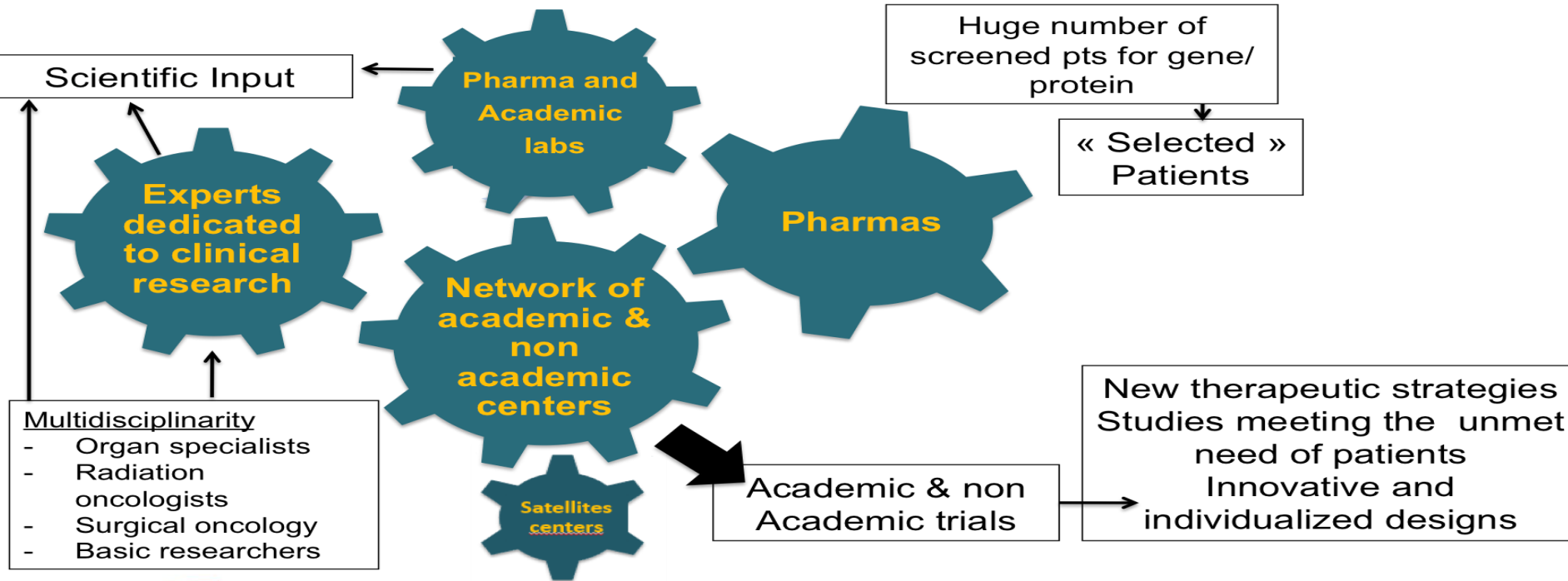
1. A. Awada (IJB, Brussels)
2. G. Argiles (Vall d'Hebron)
3. A. Gonçalves (IPC)
4. L. Decoster (UZB, Brussels)
5. J-P. Delord (ICR, Toulouse)
6. L. Teixeira (Saint Louis, Paris)
7. N. Penel (COL, Lille)
8. E. Raymond (Saint Joseph, Paris)
9. F. Clatot (H.Bequerel, Rouen)
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30. N. Isambert (CHU Poitiers)
31. S. Rottey (UZ Gent, Gent)
32. R. Bartsch (Medical University of Vienna)



Soon more than 30 sites ...

Oncodistinct network

ACADEMIC MODEL OF CLINICAL RESEARCH
COLLABORATION BASED ON THE PROGRESS ON
MOLECULAR BIOLOGY AND METHODOLOGICAL ISSUES



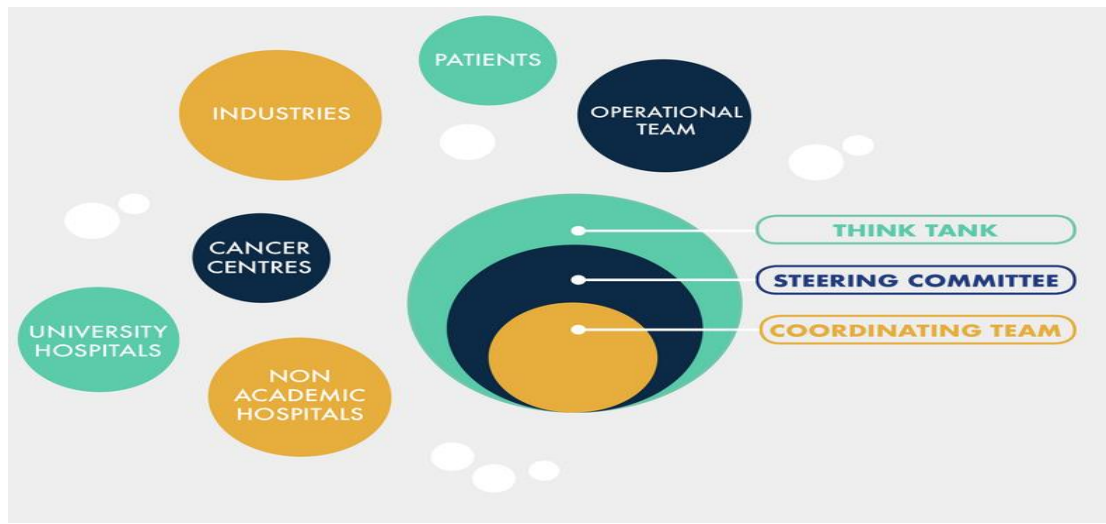
www.oncodistinct.net

Speed and quality academic
and non academic trials

Oncodistinct network : which clinical trials ?

- New drug development from phase I to later phases trials
- Innovative trial designs
- Unmet medical need projects
(e.g. rare tumors, oligometastasis, brain metastasis, inflammatory breast cancer,...)
- Early setting projects (e.g: development of immunotherapy)
- Biomarkers studies with high potential for clinical practice
- “Proof of concept” studies

Oncodistinct network : organization



Think tank

The driving force of the Oncodistinct Network is firmly its **Investigators' Think Tank**. It is the forum for scientific discussions, ideas and strategies which brings innovative clinical research projects. The think tank is composed by a large panel of experts in cancer care (investigators, scientists...) involved in drug development.

Operational Team

The role of the Operational Team is to manage the day-to-day management of activities.

Steering Committee

The Steering Committee has the responsibility of strategic decisions and is composed of one representative per Oncodistinct center.

Coordinating Team

The Coordinating Team is composed of physicians elected by the Steering Committee and implements the decisions of the Steering Committee.

Oncodistinct network : organization

Working subgroups

Early Settings

Non metastatic, treatment-naive

- peri-operative setting
- baseline and post-XT tumor collection for biomarkers
- Minimally immune-exhausted patient population

Unmet needs

Rare or underserved diseases :

- CNS mets
- IBC
- CUP
- Sarcoma
- Rare histo-clinical, molecular entities
- ...

Early Drug Development

Novel drugs :

- Innovative associations
- Molecularly selected patient
- Innovative design/endpoints
- Specific translational programs

Oncodistinct Translational Research group

- **Missions**

- Expertise and participation to the TR activities in Oncodistinct studies

- **Composition**

- Research groups related to Oncodistinct sites
- Steering core of 2-3 persons
 - Review of the Oncodistinct study proposals and evaluation of the needed expertise
 - Select appropriate oncodistinct TRG members

Oncodistinct Patient Advisory Panel

Advisory group of patients “trained” in clinical research and available to :

1. Review and provide opinions on research protocols under development
2. Proofread patient information documents and consent forms

Involving Junior Oncologists

- Taking part in the education and training of young oncologists, physicians and scientists, sharing the knowledge of the panel of experts involved in the network
- Provide opportunities for young investigators by taking leading roles and participating into the WG

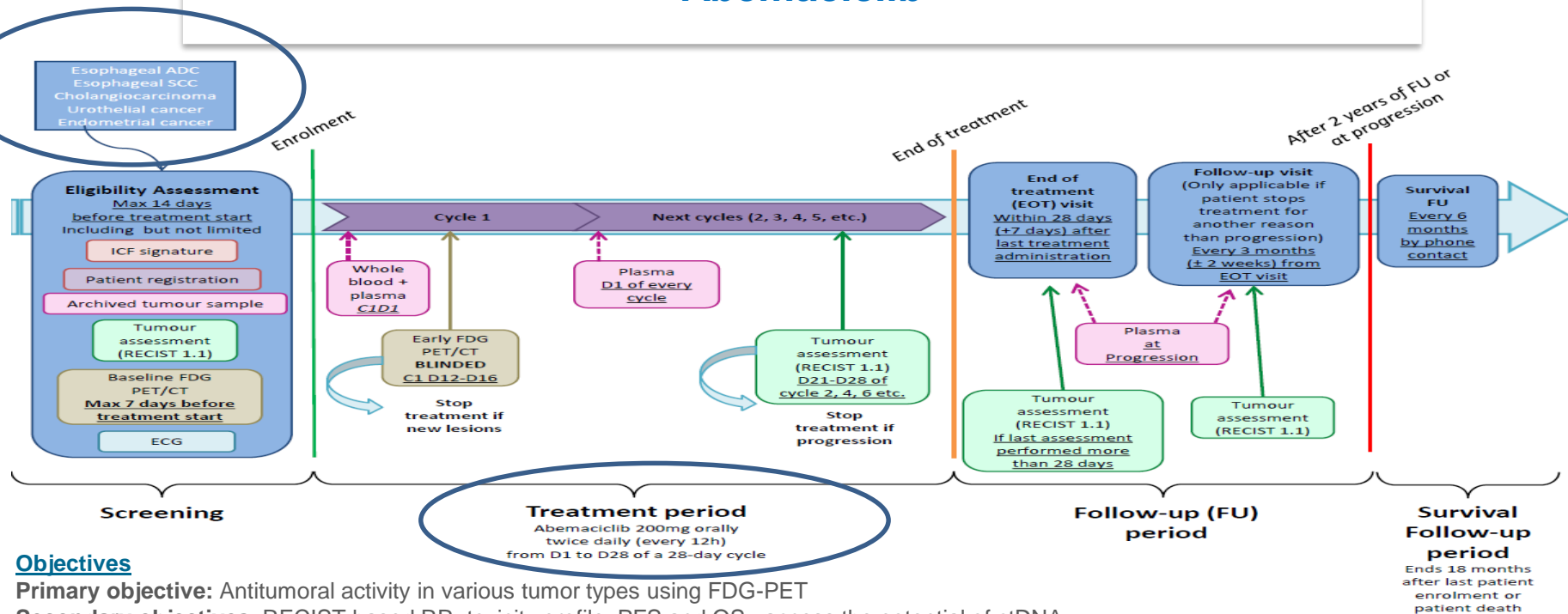
Ongoing Oncodistinct studies

ODN N°	Setting	Sponsor	Study drug	Pharma	n =	Countries	FPI	Pts
002 MIME <i>L.Polastro</i> <i>A.Hendlisz</i>	Platinum-R CholangioK Endometrial C Bladder C ADK/SCC eso	IJB	Abemaciclib	Lilly	Min 75 Max 175	• Belgium • France (11/2019)	01/2019	51
003 PELICAN <i>A.Gonçalves</i>	T4d BC	IPC	Pembrolizumab	MSD	81	• France	07/2018	15
004 AURA <i>N.Martinez</i> <i>A.Awada</i>	MBIC eligible for NAC cT2-T4 NO/x MO	IJB	Avelumab	Merck	178	• Belgium • France	06/2018	35
005 <i>A.Shamseddine</i>	LA potentially resectable rectal ADK	AUB (CRO)	Avelumab	Merck	36	• Lebanon/ Jordan	06/2018	13

Innovative design
Unmet medical need

MiME trial – Oncodistinct 002

Multiorgan Metabolic imaging response assessment of Abemaciclib



Objectives

Primary objective: Antitumoral activity in various tumor types using FDG-PET

Secondary objectives: RECIST based RR, toxicity profile, PFS and OS, access the potential of ctDNA

Statistics

Optimal 2-stage Simon design used independently in each stratum.

H0: Rate of treatment success is less or equal to 20% versus the one-sided alternative that this rate is >20%.

•**First stage:** If ≤ 2 metabolic responses (class I/II)/13: stop **Second stage:** 16 additional evaluable patients (29).

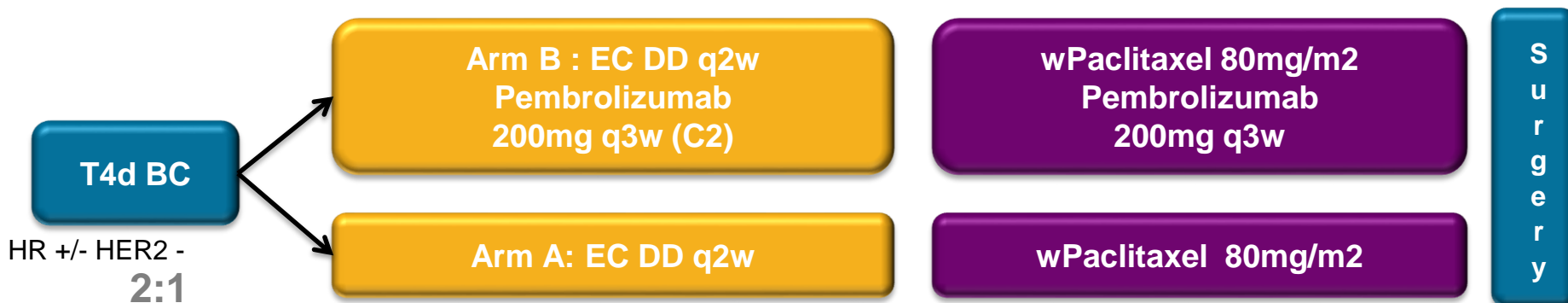
H0 rejected if ≥ 9 responses/29 pts ($\alpha 10\%$ power 85% if true metabolic response rate is 40%)

Early setting
Unmet medical need

PELICAN trial - Oncodistinct 003

Study of Immunotherapy in Combination With
Chemotherapy in HER2-negative Inflammatory Breast Cancer

Non comparative randomized phase II study



Primary Endpoints: pCR + Safety run-in 6pts HR +/-

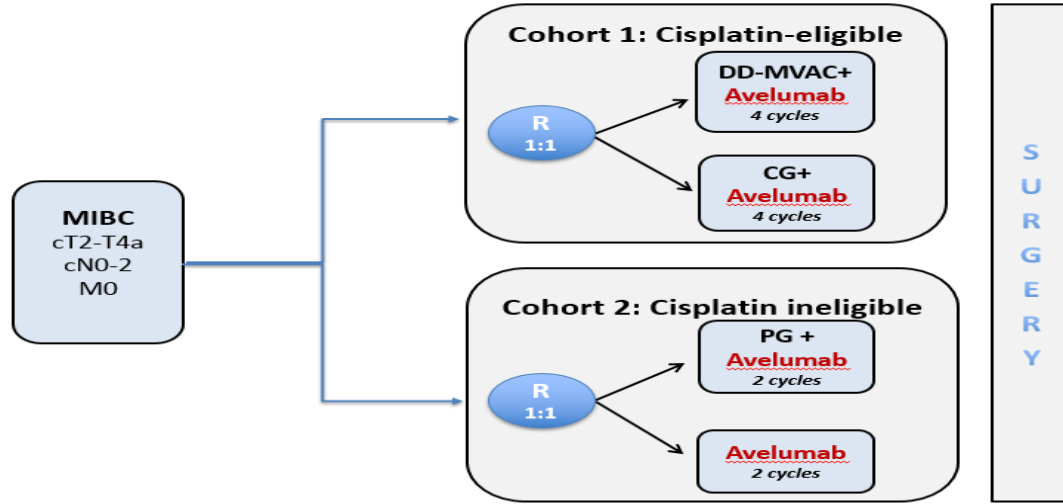
Statistics:

H0: pCR \leq 20% with 5% error risk and 90% power assuming a true pCR rate of 40%.
Simon 2 stage design = 54 pts (Arm B (19+35) / 27 pts Arm A

Early setting

AURA trial - Oncodistinct 004

Avelumab as Neoadjuvant Therapy in Subjects With Urothelial Muscle Invasive Bladder Cancers



Primary endpoint:
PCR rate (ypT0ypN0)

Statistics:

CDDP eligible

- $H_0 = \text{PCR rate} \leq 25\%$
- one-sided test $\alpha 5\%$, power 90%
if true $RR \geq 50\%$

>> Two stage Fleming design / arm

- if $\leq 0/28$ PCR or $16/49 = \text{STOP}$ for futility
 - if $> 13/28 = \text{STOP}$ for early rejection of H_0
 - Otherwise accrual will go on up to 49 pts
- If $\geq 17/49$ PCR avelumab is considered worthy of further study.**

CDDP ineligible: assuming PCR $\geq 5\%$

Simon 2 stage / arm

- if $< 1/12 = \text{STOP}$ for futility
- if $> 13/28 = \text{STOP}$ for early rejection of H_0
- Otherwise accrual will go on up to 26 pts

Innovative design
Early setting

Oncodistinct 005

Short-course RT followed by mFOLFOX6 + Avelumab agent for LA rectal ADK

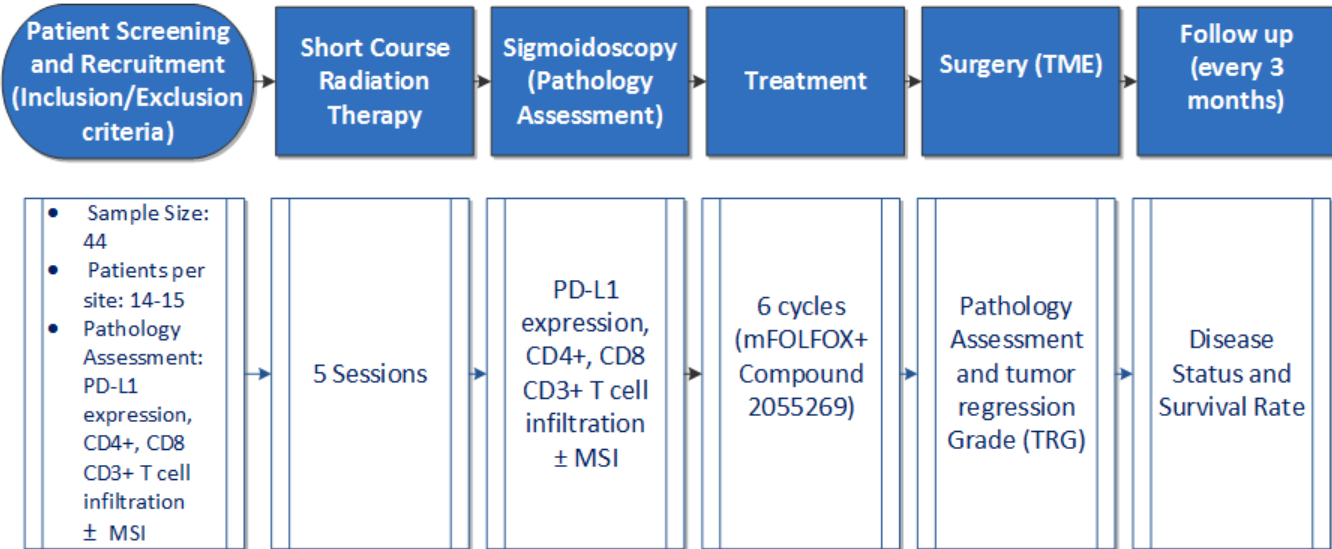
Single-arm phase II study



**LA potentially resectable
rectal adenocarcinoma**

cT2 N1-3, cT3 N0-3, evidence of
extramural vascular or
mesorectal fascia involvement

N = 31
Interim analyses



Primary objective: pCR rate

Secondary objectives: 3-year DFS, Safety and tolerability, QoL, explore changes in PD-L1 expression and T-cell infiltration

Perspectives

- Improving internal organization (clinical trials support units, SOP and follow-up on trials, young investigator fellowship, novel legal structure ?)
- Increase multidisciplinary partnership and develop translational research group
- Further develop collaboration with Pharma and CROs (« meet the industry » meetings)
- Novel tools and novel issues
 - ctDNA , immuno-monitoring
 - Big data and AI
 - Toxicity and PROMs