

# Randomized Phase 3 Trial of Gemcitabine/Carboplatin With or Without Iniparib (SAR240550) (a PARP1 Inhibitor) in Subjects with Previously Untreated Stage IV Squamous Non Small Cell Lung Cancer (NSCLC)

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<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Respiratory and mediastinal neoplasms malignant and unspecified
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON39236

### Source

ToetsingOnline

### Brief title

Gemcitabine/Carboplatin With or Without Iniparib in subjects with NSCLC.

### Condition

- Respiratory and mediastinal neoplasms malignant and unspecified

### Synonym

Non small cell lungcarcinoma/lungcancer

### Research involving

Human

## Sponsors and support

**Primary sponsor:** Sanofi-aventis

**Source(s) of monetary or material Support:** BiPar Sciences

## Intervention

**Keyword:** disease progress, Non-small cell lung cancer, PARP1 inhibitor

## Outcome measures

### Primary outcome

To evaluate the overall survival (OS) of patients with stage IV squamous NSCLC receiving gemcitabine/carboplatin either with or without iniparib.

### Secondary outcome

- Progression free survival (PFS)
- Time to progression (TTP)
- Objective response rate (ORR)
- Safety and tolerability of the treatment regimen
- Quality of life as measured by EORTC QLQ-30 and QLQ-LC13

## Study description

### Background summary

Non-small cell lung cancer (NSCLC) accounts for approximately 80% of these cancer cases.

The majority of these cases present with unresectable locally advanced (stage IIIB) or metastatic disease (stage IV) at diagnosis. Patients with advanced disease rarely survive 5 years, and over half die within the first year of diagnosis. Combination chemotherapy can extend survival, palliate symptoms of progressive disease, and improve the quality of life in

patients with advanced disease. Doublet chemotherapy regimens are considered standard front-line treatment for advanced disease. Randomized trials using modern doublet regimens have reported median overall survivals (OS) of 8 to 10 months (Kelly et al. 2001; Schiller et al. 2002; Scagliotti et al. 2002; Smit et al. 2003; Alberola et al. 2003; Gronberg et al. 2009).

## **Study objective**

The purpose of this study is to find out if the combination of gemcitabine plus carboplatin and iniparib works better than gemcitabine and carboplatin alone in subjects with stage IV squamous non-small-cell lung cancer (NSCLC) that have not previously been treated.

## **Study design**

Patients will be randomized in a 1:1 fashion to receive either gemcitabine/carboplatin with iniparib (Arm A) or gemcitabine/carboplatin alone (Arm B).

See page 25 of the study protocol

## **Intervention**

The study treatment schedules for group A and B are different, as described below

Group A:

- Gemcitabine on day 1 and 8
- Carboplatine on day 1
- iniparib on day 1, 4, 8 and 11

Group B:

- Gemcitabine on day 1 and 8
- Carboplatine on day 1

## **Study burden and risks**

This is described in the patient information and consent form

## Contacts

### Public

Sanofi-aventis

Kampenringweg 45 D-E

Gouda 2803 PE

NL

### Scientific

Sanofi-aventis

Kampenringweg 45 D-E

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NL

## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

1. Newly diagnosed, stage IV squamous NSCLC. This includes patients who present with disseminated metastases, and those with a malignant pleural or pericardial effusion (i.e., formerly stage IIIB in the 6th TNM staging system).
2. Patients who have received prior adjuvant therapy for early-stage lung cancer are eligible if at least 12 months have elapsed from that treatment.
3. Histologically confirmed squamous cell bronchogenic carcinoma. Patients whose tumors have mixed non-small cell histologies are eligible, as long as squamous carcinoma is the predominant histology. Mixed tumors with small cell anaplastic elements are not eligible. Cytologic specimens obtained by brushings, washings, or needle aspiration of the defined lesion are acceptable.
4. Patients with previous thoracic radiotherapy as definitive therapy for locally advanced nonsmall

cell lung cancer are eligible, as long as the recurrence is outside the original radiation therapy port. Radiation therapy must have been completed >4 weeks prior to the initiation of study treatment.

5. Presence of evaluable (measureable or non-measureable) disease.

6. ECOG Performance Status of 0 or 1 (see Appendix A).

7. Laboratory values as follows:

- Absolute neutrophil count (ANC)  $\geq 1,500/\text{mL}$  and platelet count  $\geq 100,000/\text{mL}$

( $\leq 72$  hours prior to initial treatment)

- Hemoglobin  $> 9 \text{ g/dL}$  (Note: patients may be transfused or receive erythropoietin to maintain or exceed this level).

- Bilirubin  $< \text{ULN}$ .

- Alanine aminotransferase (ALT) and aspartate aminotransferase (AST)  $\leq 2.5$  times the upper limit of normal if no liver involvement or  $\leq 5$  times the upper limit of normal with liver involvement.

- Creatinine  $\leq 2.0 \text{ mg/dL}$ , or creatinine clearance  $\geq 40 \text{ mL/min}$  (as calculated by the Cockcroft-Gault method (see Section 8.3.3). Calculated creatinine clearance will be used to calculate carboplatin dose.

8. Women of childbearing potential must have a negative serum pregnancy test performed within 7 days prior to start of treatment. Women of childbearing potential or men with partners of childbearing potential must use effective birth control measures during treatment, and at least 6 months after the last dose of study treatment. If a woman becomes pregnant or suspects she is pregnant while participating in this study, she must agree to inform her treating physician immediately. Sexually active men must agree to use a medically acceptable form of birth control during treatment and at least 6 months after the last dose. If a female partner becomes pregnant during the course of study the treating physician should be informed immediately.

9. 18 years of age or older.

10. Ability to understand the nature of this study, give written informed consent, and comply with study requirements.

11. Patients entering this study must be willing to provide tissue from a previous tumor biopsy (if available) for correlative testing. If tissue is not available/accessible, a patient will still be eligible for enrollment into the study.

## Exclusion criteria

1. Prior treatment with gemcitabine, carboplatin (except in the adjuvant setting), or BSI-201.

2. Past or current history of neoplasm other than the entry diagnosis, with the exception of 1) treated non-melanoma skin cancer, 2) treated non-invasive or in-situ carcinoma of any primary site or 3) invasive cancers treated definitively, with treatment ending  $> 5$  years previously and no evidence of recurrence.

3. A history of active cardiac disease, within the previous 6 months, including any of the following:

- Malignant hypertension;

- Unstable angina;
  - Congestive heart failure;
  - Myocardial infarction within the previous 6 months;
  - Symptomatic unstable or uncontrolled cardiac arrhythmias.
4. Active brain metastases. Patients with treated brain metastases are eligible if (1) radiation therapy was completed at least 2 weeks prior to study treatment; (2) followup scan shows no disease progression; (3) patient does not require steroids.
  5. Women who are pregnant or lactating.
  6. Any serious, active infection (> grade 2) at the time of treatment.
  7. A serious underlying medical condition that would impair the ability of the patient to receive protocol treatment.
  8. A major surgical procedure, or significant traumatic injury -28 days of beginning treatment, or anticipation of the need for major surgery during the course of the study.
  9. Uncontrolled or intercurrent illness including, but not limited to, ongoing or active infection, symptomatic congestive heart failure, unstable angina pectoris, or cardiac arrhythmia.
  10. History of any medical or psychiatric condition or laboratory abnormality that, in the opinion of the investigator, may increase the risks associated with the study participation or administration of the investigational products, or that may interfere with the interpretation of the results.
  11. Known or suspected allergy/hypersensitivity to any agent given in the course of this trial.
  12. Use of any non-approved or investigational agent  $\leq 30$  days prior to administration of the first dose of study drug. Patients may not receive any other investigational or anti-cancer treatments while participating in this study

## Study design

### Design

Study phase:	3
Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Treatment

## Recruitment

NL  
Recruitment status: Recruitment stopped  
Start date (anticipated): 03-05-2011  
Enrollment: 60  
Type: Actual

## Medical products/devices used

Product type: Medicine  
Brand name: /  
Generic name: iniparib  
Product type: Medicine  
Brand name: Carboplatin  
Generic name: Carboplatin  
Registration: Yes - NL intended use  
Product type: Medicine  
Brand name: Gemcitabine  
Generic name: Gemcitabine  
Registration: Yes - NL intended use

## Ethics review

Approved WMO  
Date: 09-08-2010  
Application type: First submission  
Review commission: MEC-U: Medical Research Ethics Committees United (Nieuwegein)

Approved WMO  
Date: 30-09-2010  
Application type: First submission  
Review commission: MEC-U: Medical Research Ethics Committees United (Nieuwegein)

Approved WMO  
Date: 16-11-2010  
Application type: Amendment

Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO	
Date:	18-11-2010
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO	
Date:	07-01-2011
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO	
Date:	22-03-2011
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO	
Date:	11-04-2011
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO	
Date:	18-05-2011
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO	
Date:	21-06-2011
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO	
Date:	12-07-2011
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO	



Date:	19-07-2011
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO	
Date:	01-09-2011
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO	
Date:	05-09-2011
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO	
Date:	13-12-2011
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO	
Date:	02-02-2012
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO	
Date:	13-02-2012
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO	
Date:	14-08-2012
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO	
Date:	20-08-2012
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United

(Nieuwegein)

Approved WMO

Date: 11-12-2012

Application type: Amendment

Review commission: MEC-U: Medical Research Ethics Committees United (Nieuwegein)

Approved WMO

Date: 19-12-2012

Application type: Amendment

Review commission: MEC-U: Medical Research Ethics Committees United (Nieuwegein)

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register	ID
EudraCT	EUCTR2010-019255-22-NL
CCMO	NL32530.060.10