Iressa RE-challenge in advanced NSCLC EGFR mutated patients who responded to an EGFR-TKI used as first-line or previous treatment. NVALT 16

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

Summary

ID

NL-OMON41485

Source
ToetsingOnline

Brief title
NVALT16, IRENE trial

Condition

- Respiratory and mediastinal neoplasms malignant and unspecified

Synonym
Lung cancer. Pulmonary carcinoma

Research involving
Human

Sponsors and support

Primary sponsor: NVALT

Source(s) of monetary or material Support: NVALT. De NVALT ontvangt unrestricted grants van o.a. farmaceutische bedrijven.

Intervention

Keyword: EGFR mutation, Gefitinib, NSCLC (non-small cell lung cancer), Re-challenge

Outcome measures

Primary outcome

The primary objective of this study is to evaluate the disease control rate (DCR; confirmed complete response (CR) or partial response (PR), or stable disease (SD)) of gefitinib using Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 in patients with activating sensitising Epidermal Growth Factor mutation positive (EGFR M+) NSCLC.

Secondary outcome

The secondary objectives of the study are: objective response rate (ORR) according to RECIST, progression free survival (PFS) according to RECIST, overall Survival (OS), EGFR Mutational status of tumour tissue both activating and resistance EGFR mutations analysis and the association between the Veristrat assay (Biodesix) and both PFS and OS will be assessed.

Study description

Background summary

There is no evidence-based standard of care for the third-line treatment of patients that already received an EGFR-TKI in first-line. Gefitinib is a registered first-line treatment for EGFR-mutated NSCLC patients. Several case reports have described successful re-administration of gefitinib to NSCLC patients who achieved objective response with the initial administration of gefitinib before eventual progression. In absence of a valid comparator and of a standard of care a single-arm design is considered as the appropriate design

to ethically evaluate the potential role of the gefitinib re-challenge in this clinical setting and to characterize the impact of gefitinib in predominantly Caucasian patients with advanced EGFR M+ NSCLC in a third-line setting.

Study objective

The primary objective of this study is to evaluate the disease control rate (DCR; confirmed complete response (CR) or partial response (PR), or stable disease (SD)) of gefitinib using Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 in patients with activating sensitising Epidermal Growth Factor mutation positive (EGFR M+) NSCLC. The secondary objectives of the study are: objective response rate (ORR) according to RECIST, progression free survival (PFS) according to RECIST, overall Survival (OS), EGFR Mutational status of tumour tissue both activating and resistance EGFR mutations analysis and the association between the Veristrat assay (Biodesix) and both PFS and OS will be assessed.

Study design

Open label, phase II, multicentre, single arm study.
Gefitinib 250 mg once daily in an oral tablet form.
Treatment until objective disease progression.
92 patients.

Intervention

Treatment with gefitinib.

Study burden and risks

Risk: adverse effects of gefitinib.
Extra burden: 4 blood sample, 2 tumor biopsy.

Contacts

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NVALT

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Scientific
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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

1. Histologically or cytologically confirmed NSCLC with an activating sensitising EGFR TK mutation as determined before starting the first EGFR-TKI treatment by using a well-validated and robust methodology
2. Female or male patients aged 18 years or over with locally advanced or metastatic stage IIIB/IV disease, not suitable for therapy of curative intent or stage IV (metastatic) disease, eligible for gefitinib re-challenge treatment for NSCLC who have already received an EGFR-TKI with a documented complete (CR) or partial response (PR) or stable disease (SD) >12 weeks as the best response to their 1st EGFR-TKI treatment and who have received any subsequent anti-cancer therapy (excluding EGFR-TKIs) treatment, including but not limited to doublet platinum based chemotherapy or docetaxel monotherapy or pemetrexed monotherapy, on which they progressed.
3. Measurable disease defined as at least one lesion, not previously irradiated, that can be accurately measured at baseline as * 10 mm in the longest diameter (except lymph nodes which must have short axis * 15 mm) with spiral CT or MRI and which is suitable for accurate repeated measurements.
4. WHO / ECOG / Zubrod performance status 0-2.
5. Possibility of obtaining tumour material before the start of the study treatment.
6. Life expectancy at least12 weeks

Exclusion criteria

1. Known severe hypersensitivity to gefitinib or any of the excipients of the product
2. Progressive disease or stable disease (SD) <12 weeks as best response to the 1st line

treatment with an EGFR-TKI
3. Consideration to require radiotherapy to the lung at the time of study entry or in the near future
4. Past medical history of interstitial lung disease, drug-induced interstitial disease, radiation pneumonitis which required steroid treatment or any evidence of clinically active interstitial lung disease. Pre-existing idiopathic pulmonary fibrosis evidenced by CT scan at baseline
5. Known or suspected brain metastases or spinal cord compression, unless treated with surgery and/or radiation.
6. Any unresolved chronic toxicity greater than CTC grade 2 from previous anticancer therapy
7. Concomitant use of known CYP 3A4 inducers such as phenytoin, carbamazepine, rifampicin, barbiturates, or St John's Wort
8. Pregnancy or breast-feeding
9. As judged by the investigator, any evidence of severe or uncontrolled systemic disease (eg, unstable or uncompensated respiratory, cardiac, hepatic, or renal disease)
10. Evidence of any other significant clinical disorder or laboratory finding that makes it undesirable for the patient to participate in the study
11. Other co-existing malignancies or malignancies diagnosed within the last 2 years with the exception of basal cell carcinoma or cervical cancer in situ
12. Treatment with a non-approved or investigational drug within 30 days before day 1 of study treatment
13. Involvement in the planning and/or conduct of the study (applies to both NVALT staff or staff at the study site)
15. Previous enrolment or treatment in the present study.

Study design

Design

Study phase:	2
Study type:	Interventional
Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	08-04-2014
Enrollment:	92
Type:	Actual

Medical products/devices used

Product type:	Medicine
Brand name:	Iressa
Generic name:	gefitinib
Registration:	Yes - NL intended use

Ethics review

Approved WMO Date:	14-01-2013
Application type:	First submission
Review commission:	METC Amsterdam UMC
Approved WMO Date:	28-01-2013
Application type:	First submission
Review commission:	METC Amsterdam UMC
Approved WMO Date:	23-07-2013
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	25-07-2013
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	23-08-2013
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	27-09-2013
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	19-12-2013
Application type:	Amendment

Review commission:	METC Amsterdam UMC
Approved WMO Date:	21-01-2014
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	07-02-2014
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	10-02-2014
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	25-03-2014
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	23-04-2014
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	15-07-2014
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	29-07-2014
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	26-05-2015
Application type:	Amendment
Review commission:	METC Amsterdam UMC
Approved WMO Date:	12-11-2015
Application type:	Amendment

Review commission: METC Amsterdam UMC

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	EUCTR2012-005272-34-NL
Other	Nederlands Trial Register; NTR3792
CCMO	NL42703.029.12