A PHASE III/IV, SINGLE ARM, MULTICENTER STUDY OF ATEZOLIZUMAB (TECENTRIQ) TO INVESTIGATE LONG-TERM SAFETY AND EFFICACY IN PREVIOUSLY-TREATED PATIENTS WITH LOCALLY ADVANCED OR METASTATIC NON-SMALL CELL LUNG CANCER (TAIL)

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Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Respiratory tract neoplasms
Study type	Interventional

Summary

ID

NL-OMON44404

Source
ToetsingOnline

Brief title
TAIL

Condition

- Respiratory tract neoplasms

Synonym
lungcancer, Non-Small cell lung cancer

Research involving
Human

Sponsors and support

Primary sponsor: Roche Nederland B.V.
Source(s) of monetary or material Support: Roche

Intervention

Keyword: Atezolizumab, Efficacy, NSCLC, Safety

Outcome measures

Primary outcome

Incidence of serious adverse events (SAEs) related to atezolizumab treatment.

Incidence of serious and non-serious immune-related adverse events (irAEs)

related to atezolizumab treatment

Secondary outcome

Overall survival (OS) rate at 2 years, defined as the proportion of patients

remaining alive 2 years after initiation of study treatment

Study description

Background summary

Therapy with atezolizumab has been associated with significant survival benefits in patients with locally advanced or metastatic NSCLC in multiple clinical trial settings. The improvement in OS was observed in all patients, as well as in patients with differing histologies (squamous and non-squamous), PD-L1 expression statuses, CNS involvement (with or without CNS metastases at baseline), and anticancer response or PFS. Increasing amounts of evidence also indicate that the atezolizumab treatment effect on OS correlated with the PD-L1 expression status as determined by the VENTANA SP142 PD-L1 assay. Furthermore, across the NSCLC clinical developmental program, atezolizumab has been well tolerated, demonstrating a manageable toxicity profile characterized by a low frequency of mild to moderate AEs. Considering the data as a whole, atezolizumab represents an important new treatment modality for patients with

locally advanced or metastatic NSCLC.

Given the high unmet need for new therapies for advanced NSCLC, it is of considerable interest to evaluate atezolizumab in a population of advanced patients that mimics more closely a standard clinical practice population. As a first step in this process, the primary objective of Study MO39171 will be to analyze the long-term safety of atezolizumab in a population of advanced NSCLC patients that includes patients who would have been screened out of many of the previous studies.

Study objective

This study will evaluate the long-term safety and efficacy of atezolizumab in patients with locally advanced or metastatic NSCLC who have progressed following standard systemic chemotherapy (including if given in combination with anti-PD-1 therapy or after anti-PD-1 as monotherapy).

Study design

Study MO39171 is a phase III/IV, single-arm, multicenter study of the long-term safety and efficacy of atezolizumab treatment in patients with Stage IIIb or Stage IV NSCLC who have progressed following standard systemic chemotherapy (including if given in combination with anti-PD-1 therapy or after anti-PD-1 as monotherapy).
The study will consist of a Screening Period (Day *28 to Day *1), a Treatment Period, a Treatment Discontinuation Visit occurring * 30 days after the last dose of study medication, and a Follow-Up Period. Day 1 (baseline) will be defined as the first day the patient receives atezolizumab. It is anticipated that the trial will enroll 600 patients at 140 sites globally.
Enrolled patients will receive atezolizumab at a fixed dose of 1200 mg administered intravenously on the first day of each cycle. One cycle of therapy will be defined as 21 days (± 3 days). Atezolizumab treatment will continue until investigator-assessed loss of clinical benefit, unacceptable toxicity, investigator or patient decision to withdraw from therapy, or death (whichever occurs first).

Intervention

Atezolizumab 1200mg, every 3 weeks, administered intravenously

Study burden and risks

Systemic immune activation is a rare condition characterized by an excessive immune response. Given the mechanism of action of atezolizumab, systemic immune activation is considered a potential risk when given in combination with other immunomodulating agents. Systemic immune activation should be included in the

differential diagnosis for patients who, in the absence of an alternative etiology, develop a sepsis-like syndrome after administration of atezolizumab.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

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

Inclusion criteria

-Signed Informed Consent Form;- Age * 18 years;- Able to comply with the study protocol, in the investigator*s judgment;- Histologically or cytologically documented Stage IIIb or Stage IV NSCLC that has progressed following standard systemic chemotherapy (including if given in combination with anti-PD-1 therapy or after anti-PD-1 as monotherapy). Patients with a previously detected EGFR mutation or ALK fusion oncogene must have received targeted therapy followed by one line of standard systemic chemotherapy prior to receiving atezolizumab. Overall, patients should not have received more than two lines of systemic chemotherapy. Patients who have discontinued first-line or second-line systemic

chemotherapy, targeted therapy, or anti-PD-1 therapy due to intolerance are also eligible;*Staging must be according to the UICC/AJCC system, 7th edition (Detterbeck et al. 2009);*Pathological characterization may be conducted on tumor specimens from earlier stage disease, but the tumor samples must be sufficient to distinguish squamous or non-squamous histology;*Chemotherapy regimens will be counted based on interval disease progression, and not on the number of agents or the number of switches in agents (e.g., a first-line or second-line therapy that consists of several cycles of a platinum doublet and subsequent maintenance therapy that introduces or switches to a new chemotherapy agent without interval disease progression will all be considered one chemotherapy regimen);*Patients with a previously-detected sensitizing EGFR mutation must have experienced disease progression (during or after treatment) on an EGFR TKI (erlotinib, gefitinib, etc.) ;*Patients with a previously detected ALK fusion oncogene must have experienced disease progression (during or after treatment) with crizotinib, alectinib, or another ALK inhibitor;*Prior radiation therapy is allowed, provided that the patient has recovered from any toxic effects thereof. Combined radiation/chemotherapy treatment constitutes a single regimen;*Combined radiation/chemotherapy treatment (chemoradiation) counts as one prior chemotherapy regimen if < 6 months have elapsed between the last dose and the date of recurrence;*Adjuvant/neoadjuvant chemotherapy is not counted as a line of treatment;*Debulking surgery and anticancer agents used for pleurodesis are not counted as lines of therapy;- The last dose of prior systemic anticancer therapy or targeted therapy must have been administered * 21 days prior to randomization. The only exceptions to this rule are TKIs that have been approved for treatment of NSCLC, which must have been discontinued * 7 days prior to Cycle 1, Day 1 (the baseline tumor scan must be obtained after discontinuation of prior TKIs; washout not required prior to obtaining the scan);- Measurable disease, as defined by Response Evaluation Criteria for Solid Tumors, Version 1.1 (RECIST v1.1);- Patients with asymptomatic CNS metastases (treated or untreated), as determined by CT or MRI evaluation during screening and prior radiographic evaluation, are eligible;- ECOG performance status 0, 1, or 2 [Appendix 7];- For women of childbearing potential: agreement to remain abstinent (refrain from heterosexual intercourse) or use contraceptive methods that result in a failure rate of < 1% per year during the treatment period and for at least 5 months after the last dose of atezolizumab;*A woman is considered to be of childbearing potential if she is postmenarchal, has not reached a postmenopausal state (* 12 continuous months of amenorrhea with no identified cause other than menopause), and has not undergone surgical sterilization (removal of ovaries and/or uterus);*Examples of contraceptive methods with a failure rate of * 1% per year include bilateral tubal ligation, male sterilization, established, proper use of hormonal contraceptives that inhibit ovulation, hormone-releasing intrauterine devices, and copper intrauterine devices;*The reliability of sexual abstinence should be evaluated in relation to the duration of the clinical trial and the preferred and usual lifestyle of the patient. Periodic abstinence (e.g., calendar, ovulation, symptothermal, or postovulation methods) and withdrawal are not acceptable methods of contraception

Exclusion criteria

- Symptomatic CNS metastases ;- Spinal cord compression not definitively treated with

surgery and/or radiation or previously diagnosed and treated spinal cord compression without evidence that disease has been clinically stable for * 2 weeks prior to randomization;- Leptomeningeal disease;- Uncontrolled pericardial effusion or ascites requiring recurrent drainage procedures;- Pregnant or lactating, or intending to become pregnant during the study;*Women who are not postmenopausal (postmenopausal defined as * 12 months of non-drug-induced amenorrhea) or surgically sterile must have a negative serum pregnancy test result within 2 weeks prior to initiation of study drug;- Evidence of significant uncontrolled concomitant disease that could affect compliance with the protocol, including significant liver disease (such as cirrhosis, uncontrolled major seizure disorder, or superior vena cava syndrome);- Significant cardiovascular disease, such as New York Heart Association cardiac disease * Class III, myocardial infarction within 3 months, unstable arrhythmias, or unstable angina;*Patients with known coronary artery disease or left ventricular ejection fraction < 50% must be on a stable medical regimen that is optimized in the opinion of the treating physician, in consultation with a cardiologist if appropriate;- Major surgical procedure within 4 weeks prior to study treatment initiation or anticipation of need for a major surgical procedure during the course of the study other than for diagnosis;- History of autoimmune disease (Appendix 5) are allowed if controlled and on stable treatment (i.e., same treatment, same dose) for the last 12 weeks, with the exception of:;- Patients taking concurrent abatacept or belatacept treatment, unless therapy has been withdrawn for > 8 weeks;*Patients with a history of serious or life threatening immune-related events;*No more than 1 concomitant autoimmune disease at the time of study entry is allowed unless one of them is: ;Autoimmune-mediated hypothyroidism on a stable dose of thyroid replacement hormone ;Controlled Type I diabetes mellitus on a stable dose of insulin regimen;A medical history of such entities as atopic disease or childhood arthralgias, where the clinical suspicion of autoimmune disease is low. In addition, transient autoimmune manifestations of an acute infectious disease that resolved upon treatment of the infectious agent are not excluded (e.g., acute Lyme arthritis);- Treatment with systemic immunostimulatory agents (including, but not limited to, interferons or interleukin-2) within 4 weeks or five half-lives of the drug, whichever is longer, prior to initiation of study treatment;*Prior cancer vaccines and cellular immunotherapy are permitted;- Specifically for patients without autoimmune disease: treatment with systemic corticosteroids or other systemic immunosuppressive medications (including but not limited to prednisone, dexamethasone, cyclophosphamide, azathioprine, methotrexate, thalidomide, and anti*tumor necrosis factor [TNF] agents) within 2 weeks prior to randomization, or anticipated requirement for systemic immunosuppressive medications during the trial;*For patients with CNS metastases, use of prednisone at a dose (or dose equivalent) of * 20 mg/day is acceptable ;*Chronic use of prednisone or equivalent should be discussed with the Medical Monitor;*The use of inhaled corticosteroids for chronic obstructive pulmonary disease, mineralocorticoids (e.g., fludrocortisone) for patients with orthostatic hypotension, and low-dose supplemental corticosteroids for adrenocortical insufficiency and topical steroids for cutaneous diseases are allowed

Study design

Design

Study phase:	3
Study type:	Interventional
Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	09-03-2018
Enrollment:	30
Type:	Actual

Medical products/devices used

Product type:	Medicine
Brand name:	Tecentriq
Generic name:	Atezolizumab

Ethics review

Approved WMO Date:	02-10-2017
Application type:	First submission
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	09-01-2018
Application type:	First submission
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	23-03-2018
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek

	(Assen)
Approved WMO Date:	05-04-2018
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	12-04-2018
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	16-04-2018
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	15-11-2018
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	21-02-2019
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	24-04-2019
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	11-10-2019
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	19-02-2020

Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	23-03-2020
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	05-11-2020
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	19-11-2020
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	01-05-2021
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)

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	EUCTR2017-001409-34-NL
ClinicalTrials.gov	NCT03191786
CCMO	NL62349.056.17

Study results