A PHASE II, OPEN-LABEL, MULTICENTER STUDY EVALUATING THE SAFETY AND EFFICACY OF NEOADJUVANT AND ADJUVANT TIRAGOLUMAB PLUS ATEZOLIZUMAB, WITH OR WITHOUT PLATINUM-BASED CHEMOTHERAPY, IN PATIENTS WITH PREVIOUSLY UNTREATED LOCALLY ADVANCED RESECTABLE STAGE II, IIIA, OR SELECT IIIB NON-SMALL CELL LUNG CANCER.

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This study will evaluate the surgical safety and feasibility of atezolizumab plus tiragolumab alone (Atezo + Tira) or in combination with platinum-based chemotherapy (Atezo + Tira + Chemo) as neoadjuvant treatment for patients with previously...

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

Summary

ID

NL-OMON51422

Source
ToetsingOnline

Brief title
SKYSCRAPER-05

Condition

- Respiratory and mediastinal neoplasms malignant and unspecified
- Respiratory tract neoplasms

Synonym
lung cancer, Non-small cell lung cancer

Research involving
Human

Sponsors and support

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

Intervention

Keyword: Immune therapy, Lung cancer, NSCLC

Outcome measures

Primary outcome

Safety:

- To evaluate the safety of Atezo + Tira as neoadjuvant treatment followed by

either Atezo + Tira or Chemo as adjuvant treatment

- To evaluate the safety of Atezo + Tira + Chemo as neoadjuvant treatment

followed by Atezo + Tira as adjuvant treatment.

Primary Efficacy

- To evaluate the efficacy of Atezo + Tira or Atezo + Tira + Chemo as

neoadjuvant treatment

Secondary outcome

Efficacy

- To evaluate the efficacy of Atezo + Tira or Atezo + Tira + Chemo as

neoadjuvant treatment

- To evaluate the efficacy of Atezo + Tira as neoadjuvant treatment followed by

either Atezo + Tira or Chemo as adjuvant treatment

- To evaluate the efficacy of Atezo + Tira + Chemo as neoadjuvant treatment

followed by Atezo + Tira as adjuvant treatment

Study description

Background summary

Non-small cell lung cancer (NSCLC) is the predominant subtype of lung cancer. The overall 5-year survival rate for advanced disease (Stage IVA and IVB) is 0%-10%, Poor prognostic factors for survival in patients with NSCLC include advanced stage of disease at the time of initial diagnosis, poor performance status, and a history of unintentional weight loss. More than one-half of patients with NSCLC are diagnosed with metastatic disease, which directly contributes to poor survival prospects.

In light of the evidence of clinical activity of atezolizumab plus tiragolumab in NSCLC and the need to improve survival and decrease recurrence rates for patients with resectable early-stage NSCLC, the Sponsor is conducting this Phase II study GO42501.The study is designed to evaluate whether neoadjuvant therapy with the combination of atezolizumab and tiragolumab, with or without platinum-based chemotherapy, is safe and tolerable and does not have a deleterious effect on surgical outcomes in patients with resectable Stage II, IIIA, and select IIIB (T3N2) NSCLC. This study is also designed to evaluate potential anti-tumor effects of neoadjuvant atezolizumab plus tiragolumab alone (Cohort A) or with platinum-based chemotherapy (Cohort B), as measured by MPR.

Refer to section 1 of the protocol for a more elaborate background and study rationale.

Study objective

This study will evaluate the surgical safety and feasibility of atezolizumab plus tiragolumab alone (Atezo + Tira) or in combination with platinum-based chemotherapy (Atezo + Tira + Chemo) as neoadjuvant treatment for patients with previously untreated locally advanced NSCLC. The study will also evaluate the efficacy, pharmacokinetics, immunogenicity, and safety of neoadjuvant Atezo + Tira or Atezo + Tira + Chemo, followed by adjuvant Atezo + Tira or adjuvant

platinum-based chemotherapy (Chemo).

Study design

This is a global Phase II, open-label, multicenter study evaluating the safety and efficacy of neoadjuvant and adjuvant atezolizumab plus tiragolumab, with or without platinum-based chemotherapy, in patients with previously untreated, histologically or cytologically confirmed resectable Stage II, IIIA, or select IIIB (T3N2 only) NSCLC.

Please refer to figure 1 and appendix 1 in the protocol, where the study design is shown and the schedule of assessments is provided respectively.

Intervention

Patients will be assigned to a cohort on the basis of PD-L1 status as outlined in the protocol section 4.2.1 and will receive treatment as follows:
- Cohort A (PD-L1 high): neoadjuvant Atezo + Tira for 4 cycles, followed by surgical resection and either adjuvant Atezo + Tira for 16 cycles or adjuvant chemotherapy for 4 cycles
- Cohort B (PD-L1 all comers): neoadjuvant Atezo + Tira + Chemo for 4 cycles, followed by surgical resection and adjuvant Atezo + Tira for 16 cycles

Study burden and risks

The general burden for the patient consists of (a.o.) the withdrawal of blood samples, possible collection of tumor sample, administration of investigational products (intravenously) which may lead to various adverse events.

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

• Histologically or cytologically confirmed Stage II, IIIA, or select IIIB (T3N2 only) NSCLC of squamous or non-squamous histology;
• Eligible for R0 resection with curative intent at the time of screening, as confirmed by the operating attending surgeon and involved medical oncologist prior to study enrollment;
• Adequate pulmonary function to be eligible for surgical resection;
• Measurable disease, as assessed by the investigator per RECIST v1.1;
• Adequate tumor tissue for PD-L1 assessment;
• Eastern Cooperative Oncology Group (ECOG) Performance Status of 0 or 1;
• Adequate hematologic and end-organ function;
• Negative HIV test at screening;
• Negative for active hepatitis B and hepatitis C at screening.

Exclusion criteria

• NSCLC with histology of large cell neuroendocrine carcinoma, sarcomatoid carcinoma, or NSCLC not otherwise specified;
• Small cell lung cancer (SCLC) histology or NSCLC with any component of SCLC;
• Any prior therapy for lung cancer;
• Active or history of autoimmune disease or immune deficiency;
• History of idiopathic pulmonary fibrosis, organizing pneumonia, drug-induced pneumonitis, or idiopathic pneumonitis, or evidence of active pneumonitis;
• NSCLC with an activating EGFR mutation or ALK fusion oncogene;
• Known c-ros oncogene 1 (ROS1) rearrangement;
• History of malignancy other than NSCLC within 5 years prior to screening, with the exception of malignancies with a negligible risk of metastasis or death;

• Severe infection within 4 weeks prior to initiation of study treatment;
• Treatment with investigational therapy within 42 days prior to initiation of study treatment;
• Prior treatment with CD137 agonists or immune checkpoint blockade therapies, including anti-CTLA-4, anti-PD-1, anti-TIGIT, and anti-PD-L1 therapeutic antibodies;
• Pregnant or lactating women.

Study design

Design

Study phase:	2
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):	04-04-2022
Enrollment:	9
Type:	Actual

Medical products/devices used

Product type:	Medicine
Brand name:	Tecentriq
Generic name:	Atezolizumab
Registration:	Yes - NL outside intended use
Product type:	Medicine
Brand name:	Tiragolumab
Generic name:	Tiragolumab

Ethics review

Approved WMO Date:	23-12-2021
Application type:	First submission
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	04-04-2022
Application type:	First submission
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	01-06-2022
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	15-06-2022
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	30-08-2022
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	10-11-2022
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	02-12-2022
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO	

Date:	14-01-2023
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	21-05-2023
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	10-08-2023
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	EUCTR2020-002853-11-NL
CCMO	NL79744.056.21