Clinical Performance Study for PD-L1 IHC 22C3 pharmDx on Non-Squamous Non-Small Cell Lung Cancer Specimens.

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This is a clinical performance study of PD-L1 IHC 22C3 pharmDx on non-squamous non-small cell lung cancer specimens. PD-L1 IHC 22C3 pharmDx will be used to select non-squamous NSCLC patients eligible for the TROPION-Lung07 trial based on their tumor…

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

Summary

ID

NL-OMON53353

Source
ToetsingOnline

Brief title
Not applicable

Condition

- Respiratory and mediastinal neoplasms malignant and unspecified

Synonym
Non-Squamous Non-Small Cell Lung Cancer; Lung Cancer

Research involving
Human

Sponsors and support

Primary sponsor: Daiichi Sankyo Inc.
Source(s) of monetary or material Support: Study Sponsor;DAIICHI SANKYO;INC

Intervention

Keyword: clinical performance study, In vitro diagnostic test (IVD), non-squamous non-small cell lung cancer, PD-L1

Outcome measures

Primary outcome

The objective of using PD-L1 IHC 22C3 pharmDx in the clinical trial is to use

PD-L1 expression level for patient selection at TPS <50% and patient

stratification at TPS <1%, and TPS = 1-49%.

Secondary outcome

Not applicable

Study description

Background summary

The purpose of this clinical performance study is to investigate the use of the PD-L1 IHC 22C3 pharmDx in Daiichi Sankyo*s Phase 3 clinical trial TROPION-Lung07 to identify advanced or metastatic non-squamous non-small cell lung cancer (NSCLC) patients with programmed death-ligand 1 (PD-L1) expression at tumor proportion score (TPS) <50% and stratify randomization by PD-L1 expression (TPS <1% vs. 1%-49%).
TROPION-Lung07 is a global, multicenter, randomized, open-label Phase 3 study designed to compare the efficacy of datopotamab deruxtecan (Dato-DXd) in combination with pembrolizumab with or without platinum-based chemotherapy in subjects with advanced or metastatic non-squamous NSCLC without actionable genomic alterations and are PD-L1 TPS <50%. The study is designed to evaluate whether progression-free survival (PFS) and overall survival (OS) in the subject population can be improved when the standard of care (SOC) treatment (pembrolizumab with or without platinum therapy) is combined with Dato-DXd.

PD-L1 IHC 22C3 pharmDx will be used as a test object under clinical research for use of the device as a companion diagnostic in the TROPION-Lung07 trial. The corresponding clinical research objectives of the device are aligned to the study objectives of the clinical trial. PD-L1 IHC 22C3 pharmDx will be used for prospective testing of freshly collected or archived formalin-fixed, paraffin embedded tumor tissue specimens (resection or biopsy). Results from PD-L1 IHC

22C3 pharmDx will confirm patient eligibility for enrollment into the trial and may be used for registrational purposes of the therapeutic and companion diagnostic.

PD-L1 IHC 22C3 pharmDx has undergone analytical validation studies by the manufacturer. PD-L1 IHC 22C3 pharmDx will be used to select non-squamous NSCLC patients eligible for the TROPION-Lung07 trial based on their tumor PD-L1 expression level at TPS <50% and randomization stratification by PD-L1 expression (TPS <1% vs. 1%-49%). To measure the objectives and endpoints of the clinical trial, the companion diagnostic test results from PD-L1 IHC 22C3 pharmDx are required to identify subjects with non-squamous NSCLC with PD-L1 TPS <50% for enrollment eligibility.

Study objective

This is a clinical performance study of PD-L1 IHC 22C3 pharmDx on non-squamous non-small cell lung cancer specimens. PD-L1 IHC 22C3 pharmDx will be used to select non-squamous NSCLC patients eligible for the TROPION-Lung07 trial based on their tumor PD-L1 expression level at TPS <50% and randomization stratification by PD-L1 expression (TPS <1% vs. 1%-49%).

Study design

This is a global, multicenter, randomized, open-label, Phase 3 study designed to evaluate the efficacy and safety of Dato-DXd in combination with pembrolizumab, with or without 4 cycles of platinum chemotherapy versus pembrolizumab in combination with pemetrexed and platinum chemotherapy, in subjects with no prior therapy for advanced or metastatic non-squamous non-small cell lung cancer (NSCLC), whose tumors have programmed death-ligand 1 (PD-L1) expression (tumor proportion score [TPS]) <50% and do not contain known actionable genomic alterations.

PD-L1 IHC 22C3 pharmDx will be used to select non-squamous NSCLC patients eligible for the TROPION-Lung07 trial based on their tumor PD-L1 expression level at TPS <50% and randomization stratification by PD-L1 expression (TPS <1% vs. 1%-49%).

Intervention

The IVD test results from PD-L1 IHC 22C3 pharmDx will be used for patients selection using PD-L1 expression level TPS <50% cutoff and patient stratification at TPS <1%, and TPS = 1-49%.

Study burden and risks

Risk Determination of Indirect Harm Caused by PD-L1 IHC 22C3 pharmDx Use in

TROPION-Lung07 Trial

The investigational use of the PD-L1 IHC 22C3 pharmDx in this Phase 3 study of Dato-DXd and pembrolizumab with or without platinum chemotherapy in subjects with no prior therapy for advanced or metastatic PD-L1 TPS < 50% non-squamous NSCLC does not present a potential for serious risk to the health and safety of the study participants.

A Misdiagnosis (i.e., false positive or false negative result) Leading to Inappropriate Disease Management for the Patients

In the event of a false strong positive PD-L1 result (TPS >=50%), patients would not be eligible for TROPION-Lung07 study and could be administered non-trial SOC, which would have been the default option had they not screened for the study. Thus, a false strong positive result would not lead to increased patient risk relative to what they would have experienced had they not screened for this study.
If the event of false PD-L1-negative result (TPS <1%) or false weak positive (TPS = 1% - 49%),the most common result will be that patients who would normally receive SOC therapy would instead receive investigational drug Dato-DXd and pembrolizumab with or without platinum therapy. However, the patient may fail to potentially benefit from the clinical trial. This could result in comparatively less efficacy and may expose the patient to marginal differences in toxicity. Also, this would result in approximately two thirds of such subjects being exposed to marginal additional toxicity and/or efficacy of Dato-DXd.
Overall, the risk to the subject incurred by any false results depends on the risk of the investigational or comparative drugs. Whether any risk is reasonable or not depends on the medical benefit risk profile of the investigational drug and the clinical trial design. Therefore, the consequence of indirect harm to the patient due to an erroneous test result based on the trial design and treatments provided will be further assessed by the IRB.

Risk Associated with Biopsy Procedures

As stated in the clinical trial protocol, if archived tissue is not available, a fresh tissue sample is required for PD-L1 testing as determined by PD-L1 IHC 22C3 pharmDx by the clinical testing laboratory. The common risk of a biopsy procedure is pain, a risk of bleeding and/or infection. There is a risk of regional spread of cancer cells when the needle is removed from the tumor. Anesthesia (numbing medication) is commonly used for this type of procedure and there is a risk of complication from anesthesia.

Additional biopsies may be permitted for testing with PD-L1 IHC 22C3 pharmDx. However, PD-L1 rescreening is not permitted if a subject is PD-L1 TPS >=50% as determined by central laboratory testing; retest is only permitted if no valid result is obtained. The risks associated with invasive sampling are not

expected to exceed the risks of non-trial SOC, i.e., the biopsy procedures that will be used in this trial are similar to routine biopsy collection procedures. The biopsy procedures when used are similar to those used per routine collection procedures. Further, patients as part of the study screening would have signed an informed consent that includes the risks associated with biopsy procedures. Thus, additional safety risks (beyond what patients in this advanced disease setting face in routine SOC) will not be posed by the sampling procedure that may be requested for this study.

A medical expert would assess the risks associated with re-biopsy of a particular patient and determine whether or not it would be in the patient*s best interest to proceed.

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

Subjects included in the performance study will be those enrolled in the TROPION-Lung07 clinical trial.

Exclusion criteria

Subjects excluded from the performance study will be those ineligible for the TROPION-Lung07 clinical trial.

Study design

Design

Study type: Interventional

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Diagnostic

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	30-06-2023
Enrollment:	20
Type:	Anticipated

Medical products/devices used

Generic name:	PD-L1 IHC 22C3 pharmDx
Registration:	Yes - CE outside intended use

Ethics review

Approved WMO

Date:	20-07-2023

Application type:	First submission
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
CCMO	NL83620.000.23