MASTER SCREENING STUDY TO DETERMINE BIOMARKER STATUS AND POTENTIAL TRIAL ELIGIBILITY FOR PATIENTS WITH MALIGNANT TUMORS

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Primary: The primary objective of this study is to determine the biomarker status of patients screened in this master screening study and their potential biomarker eligibility to participate in a linked Roche clinical trial.Exploratory:The...

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Respiratory and mediastinal neoplasms malignant and unspecified
Study type	Observational invasive

Summary

ID

NL-OMON56117

Source
ToetsingOnline

Brief title
BX43361 - NSCLC Platform screening study

Condition

- Respiratory and mediastinal neoplasms malignant and unspecified

Synonym
biomarker in NSCLC 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: Biomarker, lung cancer, NSCLC, screening

Outcome measures

Primary outcome

- Proportion of patients with evaluable biomarker results

- Proportion of patients who are identified as being biomarker eligible for a

linked Roche clinical trial

Secondary outcome

- Prevalence of selected biomarkers in the screened population according to

disease indication

- Prevalence of selected biomarkers in the screened population summarized by

demographic or clinical features, including but not limited to, disease

indication or stage, geographic location, and prior cancer therapy

- Characterization of next treatment according to disease indication and

biomarker profile

Study description

Background summary

Study BX43361 is a screening study that provides tissue biomarker testing to
determine
enrolled patients* potential eligibility in order based on their biomarker
status (biomarker
eligibility) for a Roche-sponsored clinical trial linked to this master

screening study.

Initially, this screening study will utilize this common screening approach to support
enrollment in the two platform Studies BO42777 and BO43249 only. However, the Sponsor ultimately envisions an expansion of the scope of the clinical trials and
oncological indications that will be served by this biomarker screening study

Improved understanding of the role of cancer biomarkers underpins the rational development of molecularly targeted therapies for selected patient populations. This
includes the understanding of cancer immunotherapy (CIT), which has progressed rapidly within the last few years.

Assigning treatments that specifically target actionable oncogenic drivers is the
cornerstone of precision oncology. Oncogenic driver alterations play a critical role in cancer development and maintenance and are typically mutually exclusive. Driver alterations in specific kinases can result in constitutive activity that can drive the initiation and progression of malignancies. Identification of oncogenic drivers through clinical genotyping can aid in diagnoses and utilization of targeted therapies for the treatment of many different cancer types at different disease stages.
It has been observed that patients identified as having an actionable oncogenic driver alteration
derive greater treatment benefit from appropriate targeted therapies which tend to be
more tolerable compared to conventional, non-targeted treatments.

This has led to approvals of multiple targeted oncological treatments and their inclusion
in treatment guidelines across multiple tumor types, including NSCLC.

These improvements in the standard of care (SOC) for selected patients across a wide
spectrum of solid tumors support the evaluation of additional targeted therapies in
biomarker-defined populations to address unmet medical needs of patients with both
advanced and early-stage disease.

CIT has demonstrated clear clinical efficacy, with significant survival benefit observed
across multiple advanced malignancies..
The importance of CIT in earlier stages of lung cancer has been demonstrated by the

approval of durvalumab (effect on PD-L1) in the United States and European Union for use as
consolidation treatment for patients with Stage III locally advanced, unresectable NSCLC
who have not progressed after chemoradiation according to local label
In addition, atezolizumab was recently approved for use as adjuvant therapy after curative intent surgery in NSCLC.

Recommendations for biomarker testing for advanced or metastatic disease are clear
and have become the SOC where approved targeted therapies exist. However, biomarker testing is performed less frequently as a routine in early disease.

BX43361 will determine the biomarker status and identify biomarker-eligible patients for enrollment into linked Roche clinical trials, using centralized, indication-appropriate molecular testing and PD-L1 immunohistochemistry (IHC) testing.
This aims to facilitate clinical trial access for patients to appropriate investigational
therapies, based on biomarker status. This may be particularly helpful at investigational
sites where the required biomarker testing is not available as part of SOC.

The use of a master screening study across multiple Roche clinical trials ensures a
consistent, high-quality, central method of biomarker testing to determine a patient*s
biomarker status across a number of disease-relevant biomarkers simultaneously. This
coordinated approach aims to reduce screen failure rates compared with those for individual biomarker-specific testing within a single investigational treatment trial. It will
provide a more efficient, streamlined recruitment process, consistent with the advantages of using master protocol study designs.

See protocol pages 15-19

Study objective

Primary:
The primary objective of this study is to determine the biomarker status of patients screened in this master screening study and their potential biomarker eligibility to participate in a linked Roche clinical trial.

Exploratory:
The exploratory objectives are:
- To characterize the biomarker profiles of all screened patients according to

disease indication
- To collect the details of the patients* next treatment according to disease indication and biomarker status

Study design

Male and female patients age 18 years and above who have provided informed consent and meet
all the eligibility criteria of the study, will be eligible for biomarker testing.
The screening period of the study is from Day -28 to Day 1, during which time eligibility
should be assessed. A biopsy must be performed prior to any chemoradiation, or other anti-cancer treatment begins.
Patients with an eligible biomarker profile are then able to consider participation in the relevant linked Roche clinical trial, if a treatment cohort appropriate for the patient*s biomarker profile is open for recruitment.
For patients who consent to participate in a linked Roche clinical trial and are eligible, remaining samples collected during this screening study will be linked with the treatment study.
A study follow-up completion visit should be conducted within approximately 6 months
after receiving results from biomarker testing, for collection of the patient*s next treatment information, if available.

See protocol page 22.

Intervention

Possible biopsy (if not sufficient material available and if deemed appropriate as per investigator) and blood sampling.

Study burden and risks

The patients* health will not improve from this screening, but the results from the biomarker testing may enable patients to participate in a Roche research study in the future. In addition, the information that is learned may help other people who have a similar medical condition in the future.
Patients may have side effects from the procedures used. Depending on the procedure(s), side effects can be mild to severe and even life threatening, and they can vary from person to person. This is documented in the patient information sheet_informed consent form.

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

General Inclusion Criteria
Patients must meet the following criteria for study entry:
- Signed Informed Consent Form
- Age 18 years or above at time of signing Informed Consent Form
- Given that the aim of Study BX43361 is to assign patients to a biomarker-appropriate linked Roche clinical trial:
- Awareness of and willingness, in principle, to participate in an assigned cohort of a linked Roche clinical trial
- Ability to comply with future investigational treatment protocol procedures in the investigator*s judgment and based on discussion with the patient, for example, dosing of medication (e.g., oral or IV), tumor assessments, safety monitoring, agreement to meet contraceptive requirements, and completion of

questionnaires
- Confirmed availability of a representative formalin-fixed, paraffin-embedded (FFPE) tumor specimen.
- Adequate hematologic and end-organ function by the investigator*s clinical judgement, including the following:
- No clinically significant hematologic (CBC), coagulation, or biochemistry test results
- No indications and/or known history of clinically significant acute or chronic liver, or kidney injury

Stage-Specific Inclusion Criteria

Patients with Stage III NSCLC
Patients with Stage III NSCLC must meet the following criteria for study entry:
- Locally advanced, unresectable Stage III NSCLC of either squamous or non-squamous histology based on 8th edition of the American Joint Committee on Cancer (AJCC) and Union for International Cancer Control (UICC) cancer staging system with plans to receive, currently receiving, or received chemoradiation treatment
- Representative FFPE tumor specimen obtained prior to the start of any chemoradiotherapy
- Eastern Cooperative Oncology Group (ECOG) Group Performance Status of 0, 1, or 2

Patients with Stage II, IIIA or Select IIIB (T3N2 only) NSCLC Requiring Adjuvant Treatment
Patients with Stage I to IIIA NSCLC must meet the following criteria for study entry:
- Stage I to IIIA NSCLC based on the 8th edition of the AJCC and UICC cancer staging system
- Considered eligible for curative intent surgery (complete resection with all surgical margins testing negative for tumor).
- Screening within Study BX43361, using a pretreatment biopsy, is encouraged to be performed as early in the patient treatment pathway as possible to ensure the patient is potentially eligible for all cohorts
• Representative FFPE tumor specimen obtained prior to the start of
o For patients enrolled following surgery:
These patients should achieve complete resection of histologically confirmed Stage I to Stage IIIA with all surgical margins testing negative for tumor.
o It is strongly recommended that patients should be enrolled no more than 8 weeks after surgery, and prior to post-operative chemotherapy (as applicable). Investigators should make reference to the relevant linked Roche clinical trial protocol to ensure sufficient time is given to subsequently screen the patient within the linked trial for biomarker-eligible patients identified.
- For patients enrolled prior to surgery:
There must be sufficient tumor biopsy tissue available for evaluation prior to the start of any anti-cancer treatment (if receiving neoadjuvant therapy).

- Representative FFPE tumor specimen obtained prior to the start of any treatment
- ECOG Performance Status of 0 or 1

Exclusion criteria

General Exclusion Criteria
Patients who meet any of the following criteria will be excluded from study entry:
- Pregnant or breastfeeding, or intending to become pregnant during the study Women of childbearing potential who are required (and have consented) to have a study-mandated procedure for which pregnancy would impact the risks to the patient and/or fetus per local guidelines must have a negative serum pregnancy test result within 7 days prior to the procedure.
- History of malignancy other than NSCLC within 5 years prior to screening, except for malignancies with a negligible risk of metastasis or death
- Any other disease, metabolic dysfunction, physical examination finding, or clinical laboratory finding that contraindicates the use of an investigational drug, may affect the interpretation of the results, or may render the patient at high risk from treatment complications. This includes any of the following:
o Known clinically significant liver disease (e.g., active viral, alcoholic, or other hepatitis; cirrhosis; current alcohol abuse)
o Significant cardiovascular disease (e.g., New York Heart Association Class II or greater cardiac disease, myocardial infarction, or cerebrovascular accident) within 3 months prior to enrollment, unstable arrhythmia, or unstable angina
- Recent major surgical procedure or anticipation of a need for a major surgical procedure, except for patients who have recently had and have adequate healing after complete surgical resection of tumor
- Prior allogeneic stem-cell or solid-organ transplantation
- Recent or ongoing severe or clinically significant infection, including but not limited to, hospitalization for complications of infection, bacteremia, or severe pneumonia

Study design

Design

Study type: Observational invasive

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

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	19-12-2024
Enrollment:	100
Type:	Actual

Medical products/devices used

Generic name:	AmoyDx® Pan Lung Cancer PCR Panel
Registration:	Yes - CE intended use

Ethics review

Approved WMO Date:	21-11-2022
Application type:	First submission
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	24-11-2023
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
ClinicalTrials.gov	NCT05419375
CCMO	NL81892.000.22