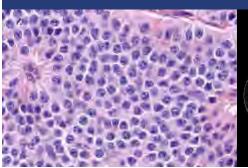
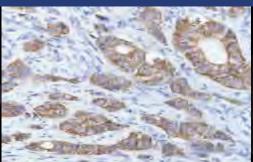
# Clinical Trials 101 and Current Clinical Trials

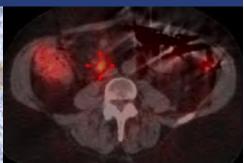
Pamela L. Kunz, MD
Assistant Professor of Medicine / Oncology
Stanford Cancer Institute

Member, NCCN NET Guidelines Committee Member, National Cancer Institute NET Taskforce Co-Chair, NANETS Guidelines Committee

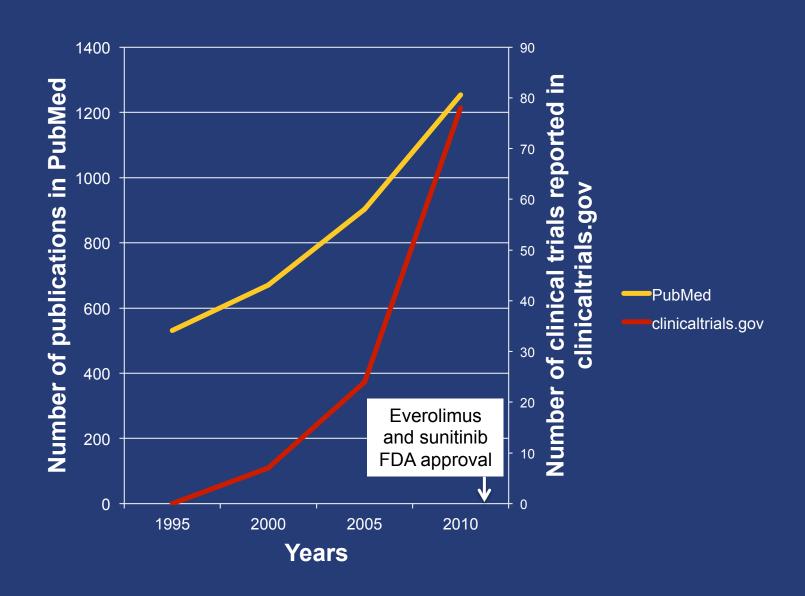








# The state of NET research



#### Outline

- Clinical Trials 101
- What have we learned from recent trials?
- What trials are on the horizon?
- How can you learn about clinical trials?

#### What are clinical trials?

 "Clinical trials are research studies that explore whether a medical strategy, treatment, or device is safe and effective for humans."

# Types of clinical trials

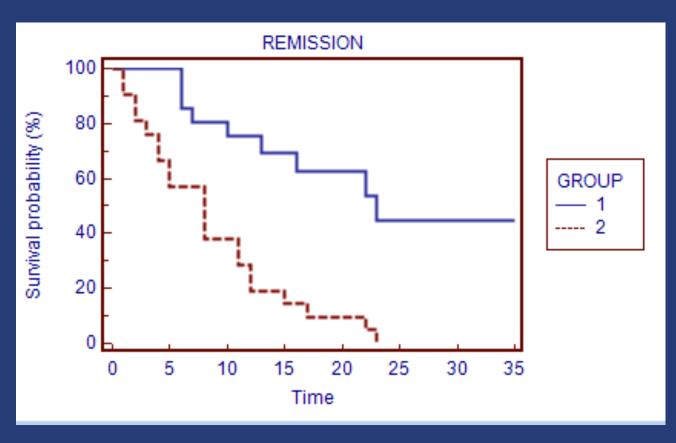
- Preclinical: Works in mouse tumors...
- Phase I = tests safety (hope for efficacy)
  - Often any type of tumor eligible
  - Usually 15-25 patients
  - Defines sides effects; "best" dose
- Phase II = preliminary test of efficacy
  - Limited to specific tumor type
  - Usually 25-50 patients
- Phase III = tests efficacy compared to "standard"
  - Limited to specific tumor type; sometimes placebo "control"
  - Usually 200-500 patients
  - Essential to assess survival differences

### Design and interpretation of clinical trials

- Eligibility Criteria
  - Which NETs?
  - Well vs. poorly differentiated?
  - Site of origin?
  - Growing (or not)
  - Prior treatment (or not)

- Measures of Success
  - Response Rate (RR)
    - •How much does the tumor shrink?
  - —Progression Free Survival (PFS)
    - •How long does it take for the tumor to grow?
  - –Overall Survival (OS)
    - •How long do patients live?

### How do we define success of a trial?



Survival curves

# Sources of clinical trials

Investigator	Industy	Cooperative
Initiated	Initiated	Group
<ul> <li>Often smaller Ph I/II</li> <li>Usually available at a single academic institution</li> <li>Idea is initiated by academic MD</li> <li>Funding and/or drug supply from industry</li> </ul>	<ul> <li>Ph I, II or III</li> <li>Usually involves many sites and sometimes international</li> <li>Idea is initiated by industry</li> <li>Funding from pharmaceutical company</li> </ul>	<ul> <li>Ph I, II or III</li> <li>Sponsored by NIH / National Cancer Institute</li> <li>Open at centers participating in a cooperative group (i.e. ECOG, SWOG, ALLIANCE)</li> <li>Funding is federal</li> </ul>

# Why are clinical trials important?

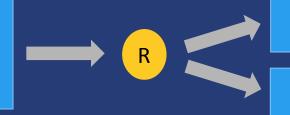
- Clinical trials are a key research tool for advancing medical knowledge and patient care.
- Clinical research is done to learn:
  - Whether a new approach works well and is safe
  - Which treatments or strategies work best for certain illnesses or groups of people
- Yet...only 3% of U.S. adults with cancer participate in clinical trials!

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### Somatostatin Analogues: Ph III PROMID

85 patients with well-differentiated metastatic midgut NETs

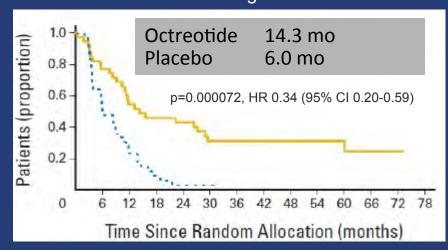


Octreotide LAR 30 mg IM q4wks N=42

Placebo IM q4wks N=43

- Primary Endpoint
  - TTP
- Secondary Endpoints
  - OS
  - RR

#### Time to Progression

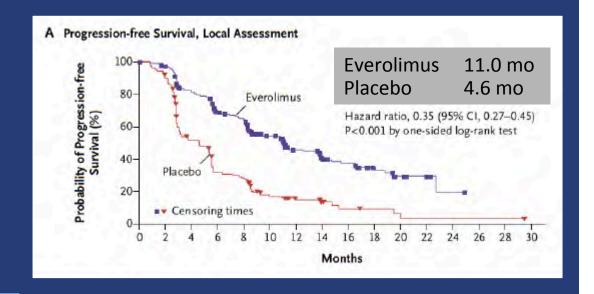


# mTOR Inhibitors: Ph III Everolimus (RADIANT 3)

Advanced pancreatic NETs n=410



Everolimus 10 mg N=207 Placebo N=203



FDA approved for Pancreatic NET

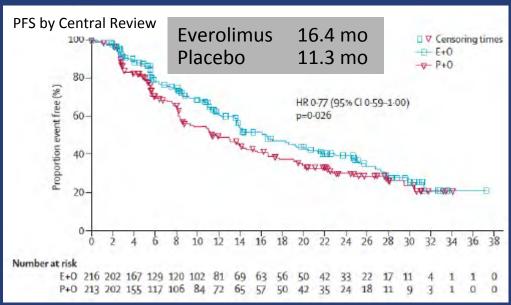
# mTOR Inhibitors: Ph III Everolimus (RADIANT 2)

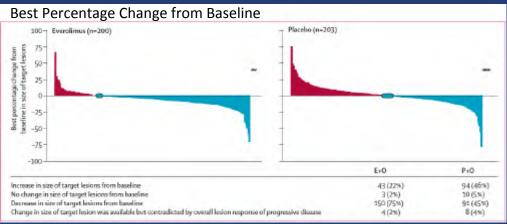
Advanced carcinoid n=429



Everolimus 10 mg + Octreotide LAR N=216 Placebo + Octreotide LAR N=213

RADIANT 4 is ongoing





Pavel. Lancet, 2011.

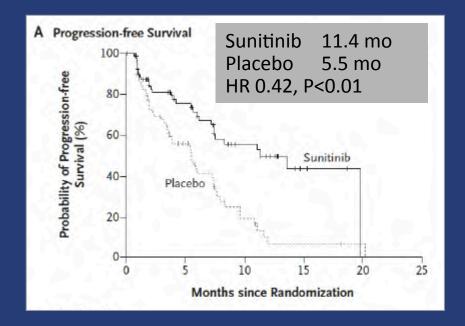
# Angiogenesis Inhibitors: Ph III Sunitinib

Advanced pancreatic NETs N=171



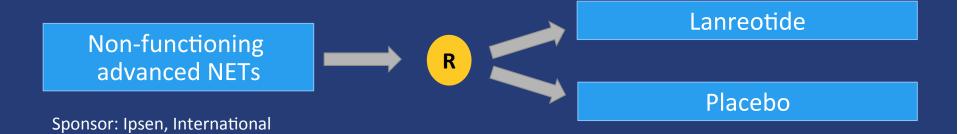
Sunitinib 37.5 mg daily N=86

Placebo N=85



FDA approved for Pancreatic NET

### Somatostatin Analogues: Ph III CLARINET



Primary site	%
Pancreas	45
Midgut	36
Hindgut	7
Unknown	13

PFS	months	
Lanreotide	>24 mo (and counting)	
Placebo	18 mo	
Hazard ratio = 0.47 (CI 0.3 – 0.73)		

# Recently completed trials (eagerly awaiting results!)

SWOG 0518 (Yao PI): Phase III, opened 12/07, 1°endpoint PFS



Sponsor: SWOG



Bevacizumab + Octreotide LAR

Interferon + Octreotide LAR

CALGB 80701 (Kulke PI): Phase II, opened 10/10, 1°endpoint PFS

Advanced, progressive pancreatic NETs

Sponsor: CALGB



Everolimus + Octreotide LAR

Everolimus + Bevacizumab + Octreotide LAR

#### Outline

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# New trials (1)

Can we define a standard cytotoxic chemotherapy for pNETs?

ECOG 2211 (Kunz PI): Phase II, 1°endpoint PFS

Low and intermediate grade advanced pancreatic NETs



Temozolomide

Temozolomide / Capecitabine

# New trials (2)

What's next for carcinoid tumors?

CALGB 81103 (Bergsland PI): Phase II, 1°endpoint PFS



# New trials (3)

Is PRRT ever going to be available in the US?

AAA-III-01: Phase III, 1°endpoint PFS

Advanced, progressive, somatostatin receptor positive, midgut carcinoid tumours

177Lu-DOTA<sup>0</sup>-Tyr<sup>3</sup>-Octreotate
Octreotide LAR

Sponsor: Advanced Accelerator Applications, France

# Trials in development

What is the role of post-operative therapy in pNETs?

ECOG 2212 concept (Libutti PI): Phase II, 1°endpoint RFS

Low and intermediate grade advanced pancreatic NETs following R0 or R1 resection of hepatic metastases



Everolimus x 12 months

Placebo

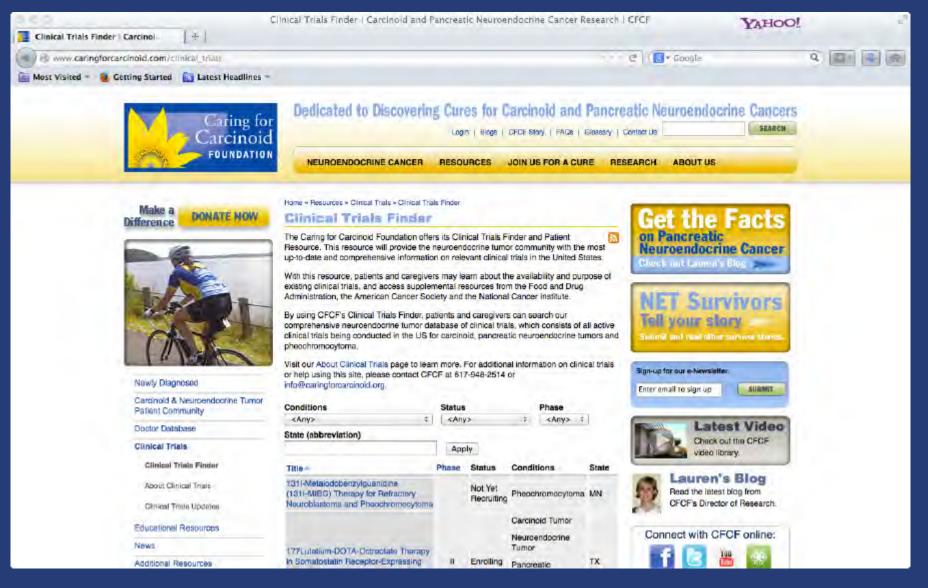
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#### How can you learn about clinical trials?

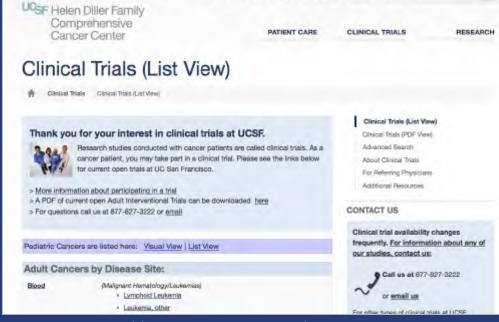


### How can you learn about clinical trials?



### How can you learn about clinical trials?





http://cancer.ucsf.edu/clinical-trials

http://cancer.stanford.edu/trials/

#### **UCSF NET Trials**

- CARC: Ph II Axitinib
- CARC: Ph II Pazopanib vs. placebo
- CARC SYNDROME: Ph III Telotristat vs. placebo
- MIXED: Ph 1/2 study of CC-223 (mTOR kinase inhibitor)
- MIXED: Safety profile assessment of theraspheres for treatment of metastatic liver disease from primary NET

#### Stanford NET Trials

- PNET: Ph II Temozolomide, Cape, Bevacizumab
- PNET: Ph II Temozolomide vs. Temozolomide + Cape
- CARC: Ph III <sup>177</sup>Lu-DOTA<sup>0</sup>-Tyr<sup>3</sup>-Octreotate vs.
   Octreotide
- CARC SYNDROME: Ph III Telotristat vs. Placebo
- NET Registry database

# **NET Registry**

 A NET Registry will allow researchers to identify connections between the molecular characteristics of tissue samples and the patient data associated with individual disease progression, and to test and validate correlation hypotheses.

# The logistics

NET Registry discussed with patient during regular clinic visit; meet with research coordinator.









Neuroendocrine Tumor Registry F	Patient Questionnaire
Dear patient - We hope you will complete the questions on to questions. If there are any questions that you do not understand sek for esolutance or to leave them blank. Thank you in adver- nance and research staff in the Stanford Gasteintechnel Dirock	or do not leaf comfortable answering, please feel free to see for your participation. Sincerety, Your physicians.
Patient demographic information	
Study ID	-
Medical Record Number This is an 6 digit number that may start with one or more bx. For example 01/234567	
Lastnane	

Survey completed

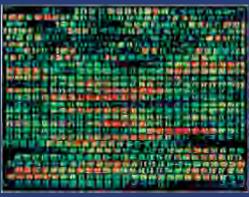
### **Timeline**

- September 2009: Institutions granted funds from Caring for Carcinoid Foundation
- Sept 2009-Sept 2010: Database development and optimization of data collection
- Currently over 200 patients enrolled
- January 2012: Data presented at ASCO GI; 1<sup>st</sup> publication in preparation

#### Future directions

- The NET Registry will connect the tumor tissue bank, databases containing clinical and epidemiologic data, clinical outcome data, and archived blood specimens.
- The NET Registry is a tool that will lead to improved understanding of neuroendocrine tumor prevention, pathogenesis, and treatment.





# Take home points

- There has been a renaissance of research in the field of NETs
- There are numerous active and developing clinical trials
- Participation in clinical trials is essential to advance the field
- Thank you to all clinical trial participants!