

**Consensus Recommendations on Improving the Methodology of Clinical Research on Rare Cancers**

# Organizational and regulatory aspects of clinical studies in rare cancers

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EORTC

Conticanet

# Topics

- Networks
- Diagnosis
- Banking- Tumor samples
- Trial incentives
- Datasharing
- Collaborations
- Interactions with regulatory bodies

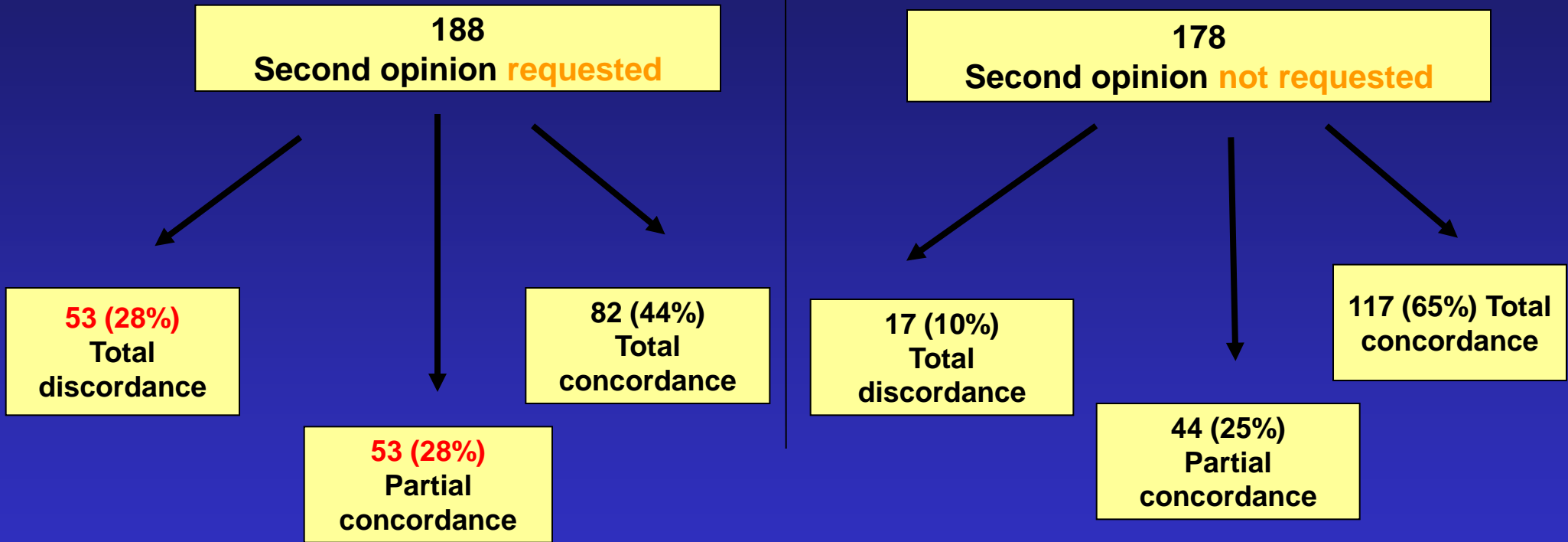
# Networks and PAGs

- **Health care Networks**
  - with quality control programs

involving

- **Reference centers**, within quality control programs. They improve health care and they improve accrual in trials as well as clinical quality within clinical trials.
- **Patient information about expert centers and clinical trials.**

## Rate of concordance by patient sub-group



For 56 % the diagnosis is not totally correct

For 35 % the diagnosis is not totally correct

## The Consensus Coding Sequences of Human Breast and Colorectal Cancers

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- Breast or colon carcinoma: cell lines or xenografts (n=22)
- 13023 genes sequenced, 3 millions PCR, 452 MB
- total : n=90 mutated genes per cell lines
- Identification of **n=189 significant genes**
- Mean: n=11 (total genome n=14 à 20)
- Transcription, adhesion, invasion
- **CANdidates CANcer (CAN) genes**
  - « Expected »: p53, KRAS, APC, MRE11...
  - Oncogenes for other tissues : MLL3, EPHB6..
  - Unexpected: PKHD1, tubuline tyr ligase TTLL3
- CAN genes C. du sein ≠ C. colorectal

# Tumor banking and registries

- Tumor banks
- Facilitating the **donation of tumor tissues** across countries
  - Less specific informed consent
  - useful for advancing science
  - Economic value (competition with Far east)
- **Linked with prospective clinical data bases and registries**
- **Within collaborative networks** focusing on health care
  - properly funded for quality of care reasons,



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## Welcome to conticabase

### The CONTICANET database and tumour bank

This database contains anonymised information describing the tumour, treatment and follow-up as well as tumour sample availability and molecular biology analyses for mesenchymal tumours except GIST and bone tumours.

The tool can be used as a local center database thanks to its **rules for access to patient data and material**. It will be maintained and updated centrally. Please follow this **this link** to fill the account application form

The query tool allows users to ask questions about the overall content of the database in order to evaluate the feasibility of specific collaborative studies.

We hope this database will become an important tool for increasing our knowledge on these rare tumours and for developing joint research programmes.

## Website requirements

This website has been designed for both **Firefox 3** (advised) and **Internet Explorer 7** (or older versions). Please note that some features may not work correctly with other web browsers.

## Content overview

conticabase currently contains the following data from **26** out of the **43** registered centres :

- **4804** Patients
- **4826** Tumours
- **5699** Samples (**5493** Paraffins and **2600** Frozen)

# Clinical trials

- **Enrich the informations collected from Rare cancer trials** need to be richer in information in order to maximize their efficiency, e.g. a long follow up for each patient.
- **Observational clinical studies** on selected patient subgroups
  - natural history and clinical characteristics
  - tailored to answer specific open questions
  - value of retrospective and observational research
  - research resource allocation decisions.



# Incentives for clinical trials

- Incentives for orphan drugs devt for pharma companies
- Drug supply by pharma to academics before any approval?
- **Screen rare tumors in Phase 1 setting**
  - based on molecular screening
  - screen new drugs also in rare cancers
- A need **framework study protocols** on specific rare cancers liable to be sequentially exploited for different drugs ?

# Sharing information from trials

- **Share** the results of the trials including industry sponsored trials in..
- Large multisources **databases**, Metabases, **Registries**
  - Funding issues
- Collaboration between pharma companies
  - Comparing drugs in tumors with unmet needs
  - Combining drugs

# Collaborations

- In rare cancers, **national, international, even global collaborations should be pursued** to make investigator-driven studies possible.
- **Clinical Trial Directive** is currently under revision. It is recommended that it is improved in some crucial aspects.
- **Sponsorship** of international trials for investigator-driven studies
  - difficult to comply with regulations which differ from country to country,

# A World Sarcoma Network is needed



AUSTRALASIAN SARCOMA  
STUDY GROUP



**EORTC**  
European Organisation for Research  
and Treatment of Cancer

**SARC**

Sarcoma Alliance  
for Research  
through Collaboration

*Collaborating for a Cure.*

**GISG**   
German Interdisciplinary Sarcoma Group



EuroBoNeT

Conticanet 17/2012

# The World Sarcoma Network (2009)

## Studies pipeline

- nilotinib in PVNS with t(1,2) M-CSF-col6A3 fusion gene
- mTOR inhibitors in PEComas, and in tumours of the TSC complex
- Aplidin in Dedifferentiated Liposarcomas with JUNK overexpression
- Alk inhibitors in inflammatory myofibroblastic tumours with Alk amplification and over expression
- IGF1R inhibitors in GIST with IGF1R over-expression and amplification
- MDM2 inhibitors (nutlin3a) in WDLPS with MDM2 amplification
- MET inhibitors in sarcomas with translocation involving fusion genes encoding for abnormal transcription factors (ASPS, CCS)
- VEGFR2 inhibitors in ASPS

# Regulatory aspects

- Major bottlenecks to investigator-driven wide collaborations in the Regulatory fields
- A need for regular consultations between **regulatory bodies**, pharma, academia, scientific societies-ESMO, and PAGs
- Simplify and streamline the access to **compassionate use programs**

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# How to improve collaboration ?

## Perimeter

National  
European  
Worldwide

## Structure

Centre  
Group  
Intergroup  
EU (EORTC)

## Funding

National- x-fold  
EU FPs  
Partnership

Patient  
Advocacy  
Groups

Partnership  
with pharma  
industry



# How to improve collaboration ?

Perimeter

Structure

National  
European  
Worldwide

Centre

Scientific societies, research groups,  
industrial partners, regulatory bodies,

...  
Groups

Partnership  
with pharma  
industry

Partnership