



Clinical Research in Rare Cancers

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Rare cancer is a common disease

- “Rare Cancer”: [prevalence <50/100,000]
incidence <6/100,000/year
- Together, ‘rare cancers’ account for 22% of all cancer diagnoses in UK/Europe
- This is more than any single common cancer: breast 16%, lung 13%, colorectal 13% and prostate 12%
- Average outcome inferior to common cancers

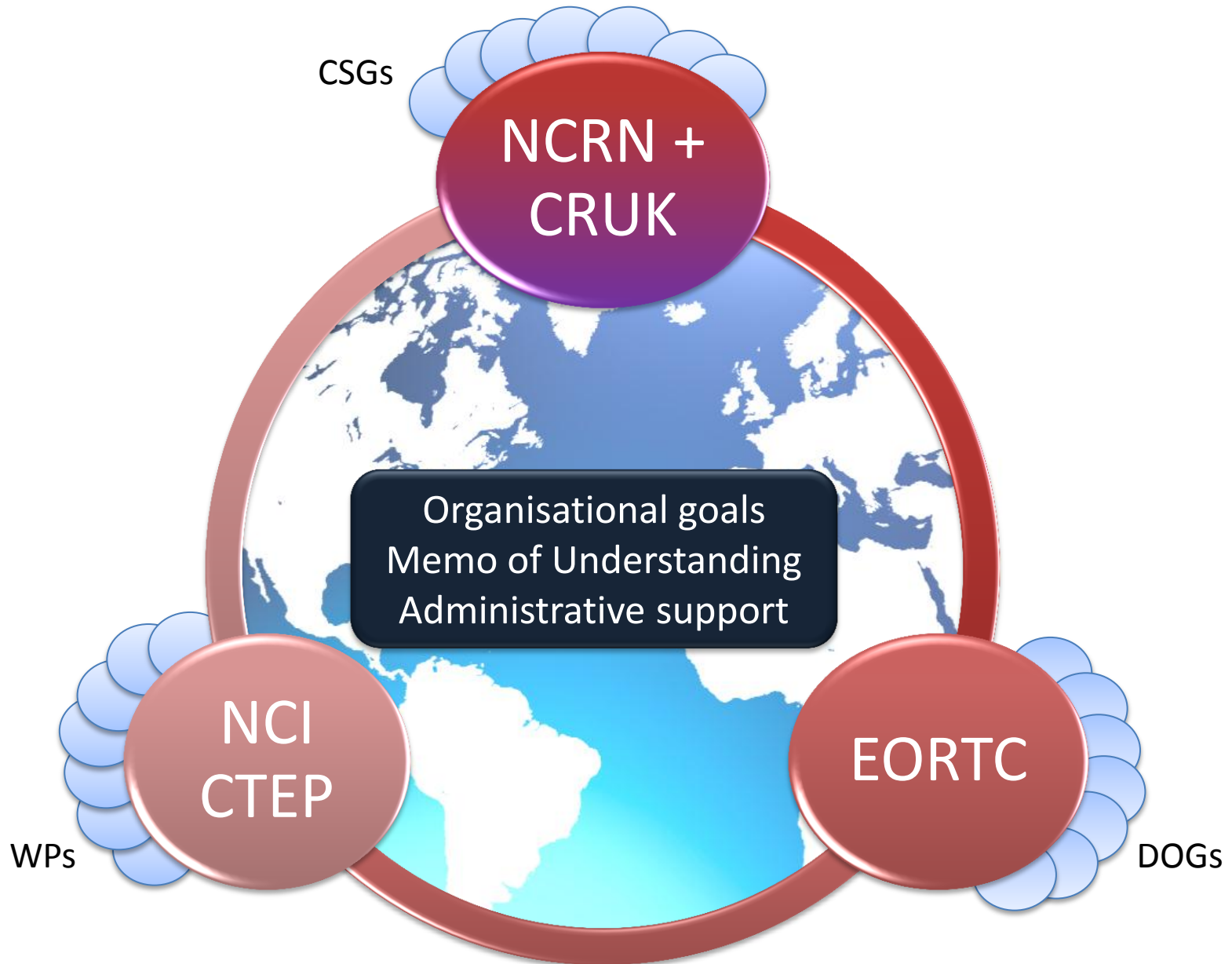
IRCI - Aims

- To facilitate the development of international clinical trials of treatments for rare cancers
- To identify and overcome barriers to international trials so that agreed IRCI trials can run smoothly

IRCI – partner organisations



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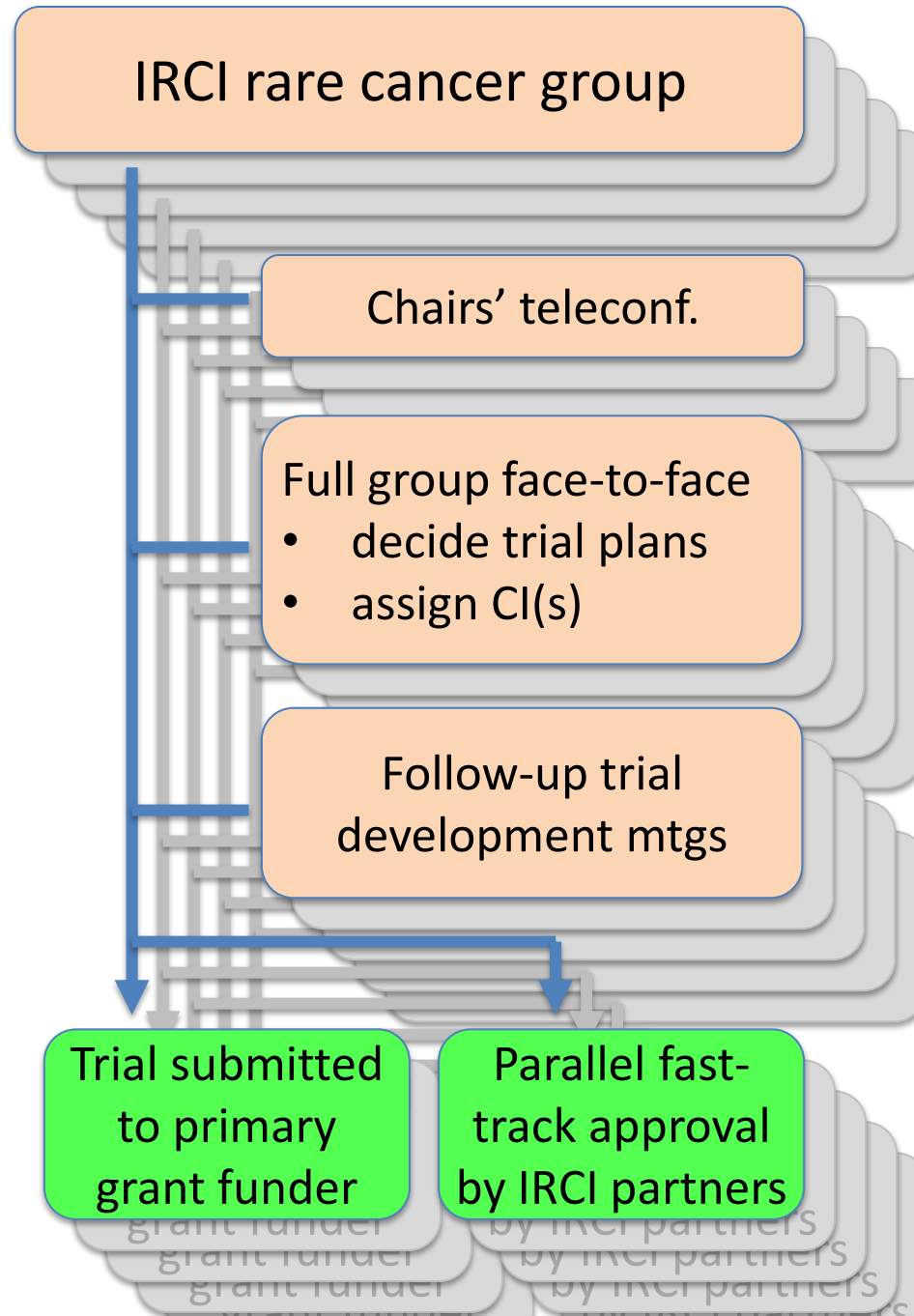
Expressions of interest

- incidence $<3/100,000/\text{yr}$
- no existing RCTs
- no existing international trial group
- **rationale**, **potential** and **enthusiasm** for an interventional trial (preferably RCT)

Interest in ≥ 2 member groups?

IRCI board meets to select and prioritise new study groups

- group co-chairs appointed



IRCI Board of Directors

Funders

Trials Units

Sponsors

Pharma

Patients & public

Research Networks

IRCI – groups formed in 2011

- Salivary gland cancer & anaplastic thyroid cancer
- Small bowel adenocarcinoma
- Gynaecological sarcoma
- Fibrolamellar hepatocellular carcinoma
- Penile cancer
- Ocular melanoma
- Thymoma
- Relapsed/metastatic anal cancer

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IRCI – Salivary gland cancer

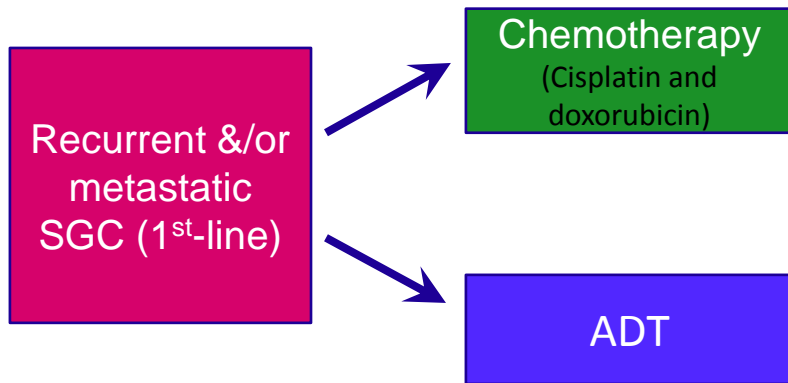
- 9 new cases and 2 deaths per million population
- Chemo for advanced disease: RR ~25%, PFS~7months
- Androgen receptors commonly expressed
- Reported responses to androgen deprivation therapy (ADT) in 20-44%, but no RCT

Three studies discussed:

- Androgen deprivation therapy in advanced salivary gland cancer patients
- Axitinib versus placebo study for patients with adenoid cystic carcinoma
- The role of post-operative radiotherapy or post-operative chemoradiotherapy in salivary gland tumours

IRCI – Salivary gland cancer

Proposed study: Androgen deprivation therapy (ADT) versus platinum anthracyclin (CT) in patients with androgen receptor (AR) expressing, recurrent &/or metastatic salivary gland cancer



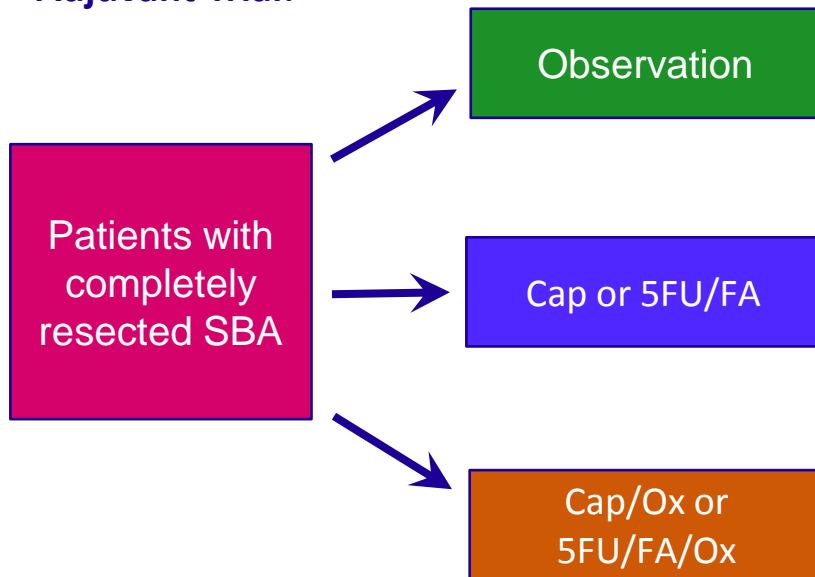
n-110 (Korn design); primary endpoint PFS

alpha = 20%, power 80% for 15% improvement (60% to 75%) at 6 months

IRCI – Small bowel adenocarcinoma

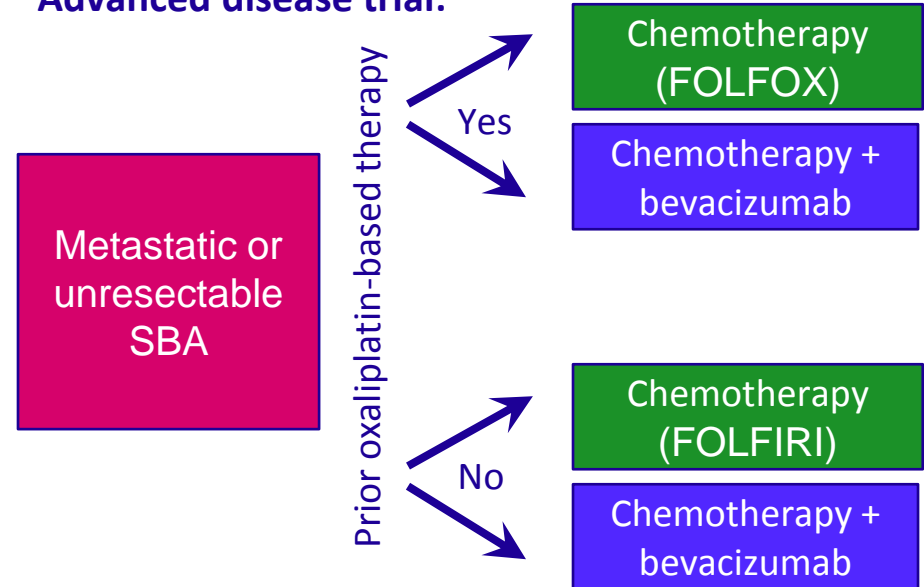
- ~6 new cases and 4 deaths per million population
- Usually treated as for colon cancer but no good evidence base

Adjuvant Trial:



n = 1200 over 5 years; 657 DFS events
90% power to detect HR 0.775 (5% alpha)
for +/- chemotherapy; 80% power for
same HR for +/- oxaliplatin

Advanced disease trial:



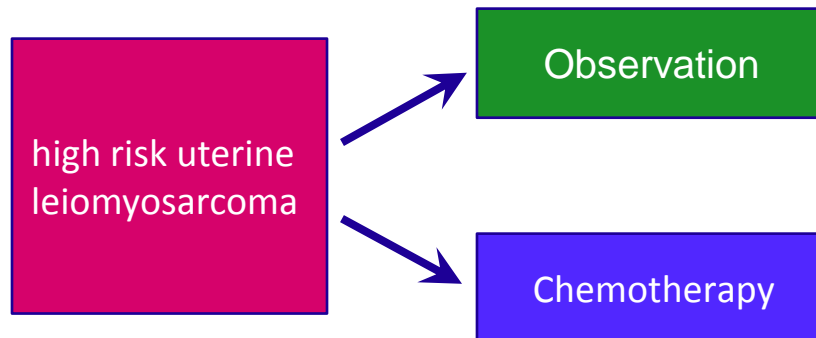
Sample size not yet determined

IRCI – Gynaecological sarcomas

Four studies discussed:

- Uterine leiomyosarcoma (uLMS) study
- Endometrial Stromal Sarcoma (ESS) study (x2)
- Undifferentiated Uterine Sarcoma (UUS) study

uLMS study: A Phase III randomised trial of gemcitabine plus docetaxel followed by doxorubicin versus observation for uterus limited, high grade uterine leiomyosarcoma



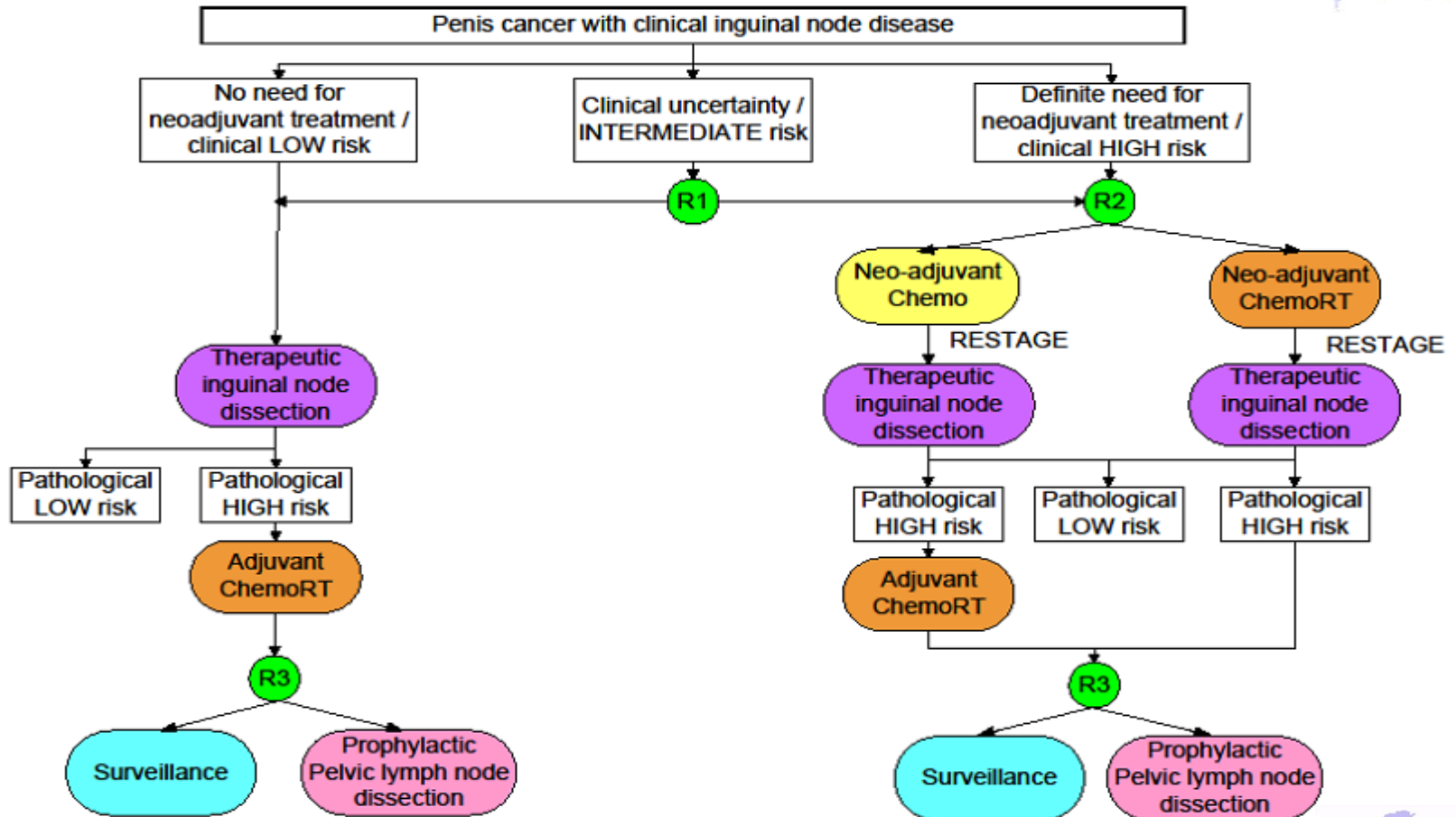
maximum sample size = 218

Alpha 0.05; power 80% for 60% improvement in median OS (30 to 48 months)

One interim analysis; Pampaliona-Tsiatis critical boundaries

IRCI – Penile cancer

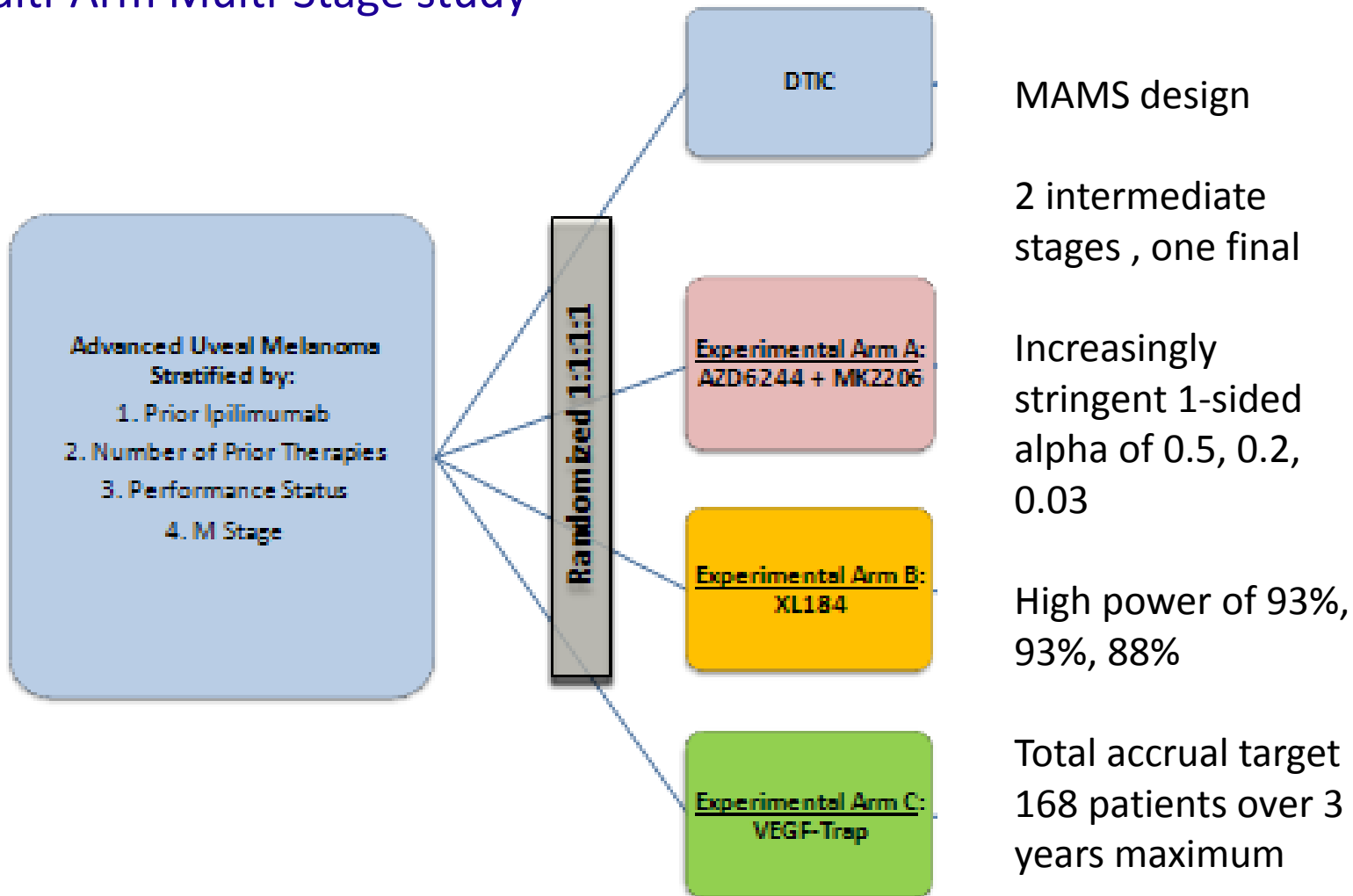
Management of Inguinal Nodes In Penis Cancer



Likelihood Bayesian approach, aiming to recruit at least 400 patients with minimum 60 in R1, 200 in R2 and 200 in R3

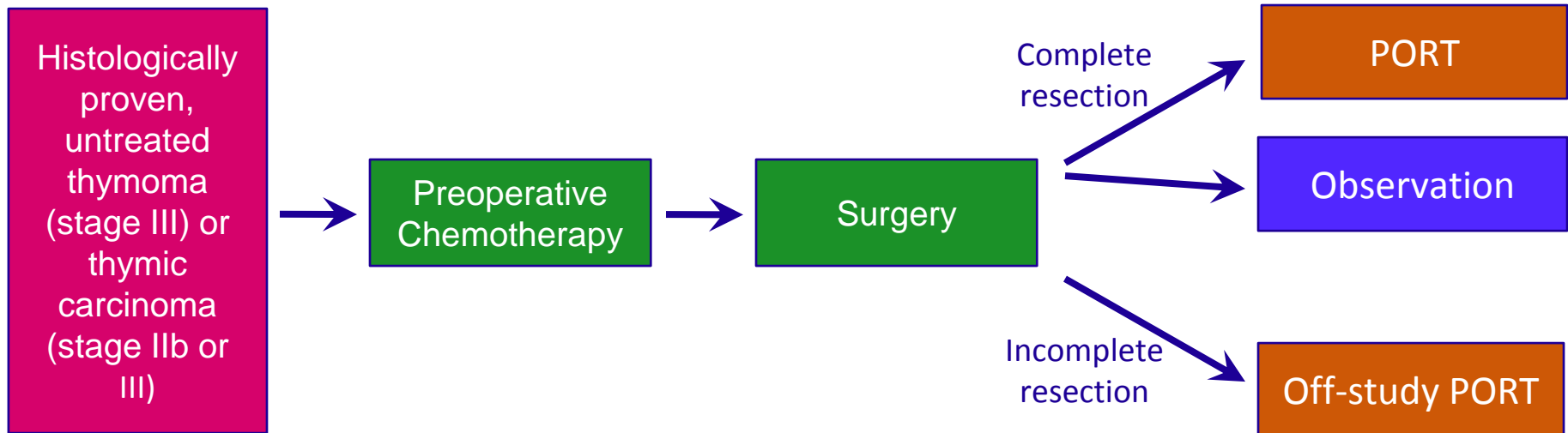
IRCI – Ocular melanoma

Proposed study: A Randomized Multi-Arm Multi-Stage study



IRCI – Thymoma

Proposed study: Phase II/III Study of Induction Chemotherapy followed by surgical resection followed by randomization to post-operative radiation or observation for stage III Thymoma and Thymic Carcinoma



Sample size not yet determined

Plans

- Continue to aid existing groups
- Work through the issues of trial setup with first round of trials
- Expressions of interest for round 3 of new groups
- Other cooperative groups considering joining IRCI:
 - NCIC (Canada)
 - INCa (France)
 - Korean NCI
 - Cancer Australia
- Discussing IRCI-Industry Alliance Partnerships