THE **TRIAL** BLAZER

UPMC HILLMAN CANCER CENTER

A quarterly newsletter from CLINICAL RESEARCH SERVICES

Volume 1 • Issue 4 • **October 2019**

INTRODUCTION

As the year begins to wind down, we are pleased to roll out the last edition of the Trial Blazer for 2019. Reviewing our clinical trial enrollment target to date, we set out to reach 1000 therapeutic and 1500 interventional trial accruals for 2019 and we are currently on track to do so. If we reach our goal by the end of the year this will be a tremendous accomplishment that could not have been possible without the support of Hillman physicians and staff. We successfully submitted the NCI Cancer Center Support Grant renewal application and we are feverishly preparing for the NCI site visit in January 2020.

It also gives us immense pleasure to announce the launch of the mobile phone app search tool that will enable our oncologists to perform rapid, customized searches, and has the added convenience of paging the respective CRS research coordinators at the tap of a button. Please talk to your CRS coordinator for more information on using this app.

On this note, we would like to express our continued deep appreciation to everyone for the sterling efforts and contributions to our accrual and other successes this year and encourage you to keep up the momentum and hopefully we will surpass our accrual goals.

Antoinette (Toni) Wozniak, MD, FACP, FASCO
Associate Director of Clinical Research

Bhanu P. Pappu, PhD, MHA
Vice President of Clinical Operations and Strategy

POINTS OF INTEREST

SPOTLIGHT TRIAL

CAR T-Cell Therapy Trial for Hepatocellular Cancer

HCC 19-031: An Open-Label, Dose Escalation, Multi Center Phase I/II Research Trial to Assess the Safety of ET140202 T Cells and Determine the Recommended Phase II Dose (RP2D) in Adults with Advanced Hepatocellular Carcinoma (HCC) Who Are Not Candidates for Standard-of-Care Therapy

Principle Investigator: Dr. Udai Kammula, kammulaus@upmc.edu

The chimeric antigen receptor (CAR) ET140202 T-cell therapy for advanced HCC uses novel engineered autologous T cells genetically modified to target the alpha-fetoprotein (AFP) peptide/major histocompatibility complexes (MHC) and enhanced by glypican 3 (GPC3)-guided co-stimulation. The promising in vitro and in vivo preclinical data and an initial proof-of-concept study in humans indicates ET140202 T-cell therapy is safe, well tolerated, and could improve prognosis and survival rate of advanced HCC patients.

Prospective eligible patients are expected to meet the following, among other, main mandatory inclusion criteria:

- Histologically confirmed HCC with serum AFP > 200 ng/mL OR radiographic diagnosis of HCC with serum AFP > 400 ng/mL
- Metastatic or locally advanced, unresectable HCC
- Failed or not tolerated at least one line of treatment for advanced HCC
- Male or female patients ≥ 18 years of age
- Molecular human leukocyte antigen (HLA) class I allele typing that confirms subject carries at least one HLA-A2 allele
- Life expectancy of at least 4 months per Principal Investigator's opinion
- Karnofsky Performance Scale ≥ 70

Interested physicians can contact the PI; Krystle Eaton, program supervisor, at mientkiewiczk@upmc.edu; or Samantha Perkins at perkinssj@upmc.edu with inquiries.

2019 OPEN STUDIES AND ACCRUALS

Disease and Modality Center	Current Interventional OTA Trials	Current Therapeutic OTA Trials	Interventional Accruals	Therapeutic Accruals
Breast Center	29	25	176	166
GI/Esophageal Cancer Center	21	21	143	143
Melanoma Center	17	17	97	97
Hematological Malignancies Center	30	29	109	97
Head and Neck Center	20	19	80	79
Lung and Thoracic Malignancies Center	25	21	182	71
Prostate and Urologic Cancers	19	19	61	61
Gynecological Oncology Center	11	11	48	48
Brain Tumor Center	13	13	37	37
Pediatric Oncology	48	47	35	35
Phase I Center	24	24	34	34
Sarcoma Center	10	10	21	21
Immune Therapy Center	6	6	11	11
Supportive Care	3	0	143	11
Biobehavioral Medicine in Oncology Program	9	0	236	2
Total	**345**	**322**	**1,413**	**913**
*All CORE	3	3	212	212
*Radiation Oncology Center	17	17	47	47
*Phase II Center	43	43	32	32

All accruals have been calculated through the 3nd Quarter of 2019 (Jan-Sept).
*Accruals counted within Disease Center of care.

2019 INTERVENTIONAL (NON-THERAPEUTIC) REFERRALS

Referring Physician	Number of Referrals
Gauri Kiefer	99
Vincent Reyes	87
Christopher Marsh	43
Terry Evans	34
David Wilson	31
Gaurav Goel	24
Robert Vanderweele	21
Matthew Sulecki	21
Alexis Megaludis	16
Franklin Viverette	15

Referrals are as of 09-30-2019

2019 THERAPEUTIC REFERRALS

Referring Physician	Number of Referrals
Vincent Reyes	61
Gauri Kiefer	41
Christopher Marsh	30
Terry Evans	24
James Ohr	24
Gaurav Goel	23
Robert Vanderweele	21
Dan Zandberg	21
Matthew Sulecki	19
John Kirkwood	17

Referrals are as of 09-30-2019

HIGH PRIORITY TRIALS IN THE COMMUNITY

Lung Cancer

HCC-19-087: EA5163/S1709 INSIGNA: A Randomized, Phase III Study of Firstline Immunotherapy alone or in Combination with Chemotherapy in Induction/Maintenance or Postprogression in Advanced Nonsquamous Non-Small Cell Lung Cancer (NSCLC) with Immunobiomarker SIGNature-driven Analysis (SWOG trial)

PI: Dr. Antoinette Wozniak, wozniakaj@upmc.edu

The primary objective of this trial is to evaluate overall survival (OS) in experimental arms A (1st line pembrolizumab followed by 2nd line pemetrexed/carboplatin) and B (1st line pembrolizumab followed by 2nd line pembrolizumab/pemetrexed/carboplatin) compared to the control arm C (pembrolizumab]/pemetrexed/carboplatin induction followed by pemetrexed/pembrolizumab maintenance). Prospective patients are expected to meet the following mandatory inclusion criteria:

- Stage IV non-squamous (NSCLC). Patients with T4NX disease (Stage IIIB and IIIC) with nodule in ipsilateral lung lobe are eligible if they are not candidates for combined chemotherapy and radiation.
- PD-L1 expression Tumor Proportion Score (TPS) ≥ 1% in tumor cells
- Pre-defined measurable or non-measurable disease
- ECOG Performance Status of 0 to 1

This is a high priority cooperative group trial that will hopefully answer questions about sequencing of chemotherapy and immunotherapy.

Interested physicians can contact the PI or Jen Ruth, clinical research supervisor, at ruthj2@upmc.edu or 412-623-8963 for additional information and to enroll patients.

Breast Cancer

Metastatic Breast Cancer

HCC 18-150 (Alliance A171601): A Phase II Trial Assessing the Tolerability of Palbociclib in Combination with Letrozole or Fulvestrant in Patients Aged 70 and Older with Estrogen Receptor-positive, HER2-negative Metastatic Breast Cancer

PI: Dr. Adam Brufsky, brufskyam@upmc.edu

This study in an older adult population seeks to provide definitive evidence that will diminish any reservations oncologists may have in prescribing palbociclib with letrozole or fulvestrant and guidance on the dosing and toxicity management in older adults. The trial is open at all sites at UPMC Magee (Pinnacle-Susquehanna) and has the following, among other, criteria that eligible patients are expected to fulfill:

- Patient Age: ≥ 70 years
- Planning to begin palbociclib for metastatic disease. One prior line of endocrine therapy and/or chemotherapy for metastatic disease is allowed.
- No prior therapy with a CDK inhibitor

Interested physicians can contact the PI or Brenda Lee Steele, clinical research manager at the Women's Cancer Research Program, at steeleb@upmc.edu.

PRIORITY TRIALS IN THE COMMUNITY

Breast Cancer

Metastatic Breast Cancer

HCC 18-196: A Phase III, Multicenter, Randomized, Open-label, Active-controlled Trial of DS-8201A, an Anti-HER2 Antibody Drug Conjugate (ADC), Versus Treatment of Physician's Choice for HER2 Low, Unresectable, and/or Metastatic Breast Cancer Subjects

PI: Dr. Adam Brufsky, brufskyam@upmc.edu

In this study, we hypothesize that DS-8201a confers a significant benefit in progression-free survival (PFS) in HER2-low, HR-positive breast cancer subjects compared to physician's choice of therapy. This trial, which is open at UPMC Hillman Cancer Center locations at/in UPMC Magee-Womens Hospital, Shadyside, Arnold Palmer Cancer Pavilion in Greensburg and Norwin, UPMC East, UPMC Passavant, UPMC St. Margaret, Upper St. Clair, and Washington has the following, among other, eligibility criteria that patients are expected to meet:

- Assessed to have low HER2 expression, defined as IHC 2+/ISH- or IHC 1+ according to ASCO-CAP 2018 guidelines
- HR-positive or HR-negative
- If HR-positive, is documented refractory to endocrine therapy, defined as having progressed on at least 1 endocrine therapy
- Has been treated with at least 1 and at most 2 prior lines of chemotherapy in the metastatic setting

Interested physicians can contact the PI or Brenda Lee Steele, clinical research manager at the Women's Cancer Research Program, at steeleb@upmc.edu.

Gynecologic Cancer

Ovarian Cancer

HCC 18-149: (ATHENA) A Multicenter, Randomized, Double-Blind, Placebo-Controlled Phase III Study in Ovarian Cancer Patients Evaluating Rucaparib and Nivolumab as Maintenance Treatment Following Response to Front-Line Platinum-Based Chemotherapy

PI: Dr. Brian Orr, orrb@upmc.edu

The study, which is enrolling patients with high-grade epithelial ovarian, primary peritoneal, or fallopian tube cancer who achieved a response to their first platinum-based regimen, is open at UPMC Hillman Cancer Center locations at/in UPMC Magee-Womens Hospital, Shadyside, Arnold Palmer Cancer Pavilion in Greensburg, UPMC East, UPMC Passavant, Uniontown, and Washington. Prospective patients are expected to fulfil the following main inclusion criteria:

- Newly diagnosed, histologically confirmed, advanced (International Federation of Gynecology and Obstetrics [FIGO] stage III-IV), high-grade epithelial ovarian, fallopian tube, or primary peritoneal cancer
- Completed cytoreductive surgery, including at least a bilateral salpingo-oophorectomy and partial omentectomy, either prior to chemotherapy (primary surgery) or following neoadjuvant chemotherapy (interval debulking)
- Have received four to eight cycles of first-line platinum-doublet treatment per standard clinical practice, including a minimum of four cycles of a platinum/ taxane combination

Interested physicians can contact the PI or Brenda Lee Steele, clinical research manager at the Women's Cancer Research Program, at steeleb@upmc.edu.

HCC 18-006: Phase I Trial of Ribociclib (LEE-011) with Platinum-based Chemotherapy in Recurrent Platinum Sensitive OC

PI: Dr. Lan G. Coffman, coffmanl@mwri.magee.edu

In this study, we envisage that concurrent ribociclib (LEE-011) treatment and chemotherapy will enhance the response to platinum-based therapy and maintenance therapy will slow ovarian cancer tumor growth leading to prolongation in progression free survival. The trial is open at UPMC Hillman Cancer Center locations at/in UPMC Magee-Womens Hospital, Upper St. Clair, and Arnold Palmer Cancer Pavilion in Greensburg, Norwin, and Mt. Pleasant, and has the following, among other, main eligibility criteria:

- Must have had at least one prior line of platinum-based therapy
- No line limit
- Documented disease recurrence/progression based on GCIG-RECIST

Interested physicians can contact the PI or Brenda Lee Steele, clinical research manager at the Women's Cancer Research Program, at steeleb@upmc.edu.

Clinical Research Services (CRS) is made up of nearly 200 staff members who facilitate development, implementation, coordination, internal data monitoring, and completion of approximately 250 oncology-focused trials at Hillman each year. These trials include institutional (investigator-initiated), multi-center cooperative group/National Clinical Trial Network (NCTN), consortium, and industry-sponsored trials. Using a disease-specific centers model for conducting clinical trials, CRS provides study development and implementation assistance, submissions to the FDA, IRB processing, patient recruitment, study coordination, study-specific training, data collection, and specimen collection and processing.

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