

NEN PRECEPTORSHIP LA PRATICA CLINICA NELLE NEOPLASIE NEUROENDOCRINE

5/6 Aprile 2018
IEO, Istituto Europeo di Oncologia - Milano

TRIAL CLINICI

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Studi clinici aperti all'arruolamento

Lung

ATLANT

(phase II)

Lanreotide + temozolamide in with progressive well differentiated thoracic NEN

High grade (Ki-67 21-55%) GEP and lung NEN

MAVERIC

(spontaneous study) **Everolimus** as maintenance

GEP (gastro- entero- pancreatic) **NEN**

RADIONET

identification of NET node metastases

Studi clinici di imminente apertura

<u>GI NET</u>	 ✓ <u>PDR001</u> (phase II) efficacy and safety of PDR001 ✓ <u>ROBONET</u> robotic surgery and fluorescence n SI-NETs
<u>Pancreatic NET</u>	 ✓ <u>SSA +/- Axitinib</u> ✓ <u>COMPETE</u> (phase III) - PRRT vs EVE ✓ <u>Preoperative PRRT (phase II)</u> PRRT -> surgery vs surgery upfront ✓ <u>ENETS ASPEN trial</u> Pan-NETs <2 cm of diameter
<u>LUNG NET</u>	  ✓ <u>PDR001</u>  ✓ <u>SSA +/- Axitinib</u>
<u>Poorly differentiated</u>	 ✓ <u>PDR001</u>

Studi clinici con arruolamento chiuso ma con pazienti in trattamento

Pancreas	IEO 695 (phase IV) - sunitinib in advanced or metastatic PanNET ROLLOVER everolimus roll-over protocol TALENT (phase II) - Lenvatinib PDR001
GEP NEN	TALENT PDR001 IEO 694 - Radiant 4
Lung	PDR001 IEO 694 - Radiant 4 LUNA Pasireotide LAR or Everolimus alone or in combination

Studi clinici carcinoma a cellule di Merkel

**IEO 620 -
Javelin Merkel**

Avelumab in not-pretreated patients with Merkel cell carcinoma (MCC)

**Avelumab Early
Access – Single
Patient Use**

Avelumab in pretreated patients with MCC

New patients..

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Un istituto di riferimento dove la ricerca sui tumori diventa cura in tempo reale

News

Ultime notizie dallo IEO

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Home » ... » Oncologia Medica Gastrointestinale e Tumori Neuroendocrini

We updated the design of this site on December 18, 2017. [Learn more.](#)

NIH U.S. National Library of Medicine

ClinicalTrials.gov

Find Studies About Studies Submit Studies Resources About Site

ClinicalTrials.gov is a database of privately and publicly funded clinical studies conducted around the world.

Explore 267,888 research studies in all 50 states and in 203 countries.

ClinicalTrials.gov is a resource provided by the U.S. National Library of Medicine.

IMPORTANT: Listing a study does not mean it has been evaluated by the U.S. Federal Government. Read our [disclaimer](#) for details.

Before participating in a study, talk to your health care provider and learn about the [risks and potential benefits](#).

Find a study (all fields optional)

Recruitment status

Recruiting and not yet recruiting studies
 All studies

Condition or disease (For example: breast cancer)

Other terms (For example: NCT number, drug name, investigator name)

Country

Search Advanced Search

endocrini

LIGHT

da di riferimento per la pratica ricerca della Divisione sono quelle regionali (ROL: Rete Oncologica nazionali (AIOM, ItaNET), (ESMO, ASCO, ENETS,

Team della Divisione di Oncologia Medica Gastrointestinale e Tumori Neuroendocrini

Direttore: Fazio Nicola

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Cella Chiara Alessandra
Rubino Manila
Pellicori Stefania
Laffi Alice
Pozzari Marta

Clinical Trial Coordinator : Tamayo Darina
Mazzon Cristina

Infermiera di ricerca: Gandini Antonella

Segretaria: Italia Paola



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Un istituto di riferimento dove la ricerca sui tumori diventa cura in tempo reale

IL NOSTRO STAFF

ONCOLOGIA MEDICA GASTROINTESTINALE E TUMORI NEUROENDOCRINI

Direttore
NICOLA FAZIO

STAFF ONCOLOGIA MEDICA GASTROINTESTINALE E TUMORI NEUROENDOCRINI

Medico con incarico di alta specializzazione Maria Giulia Zampino	Medico Stefania Pellicori	Medico Maria Saveria Rotundo
Medico Chiara Alessandra Cella	Medico Paola Simona Ravenda	Medico Francesca Spada

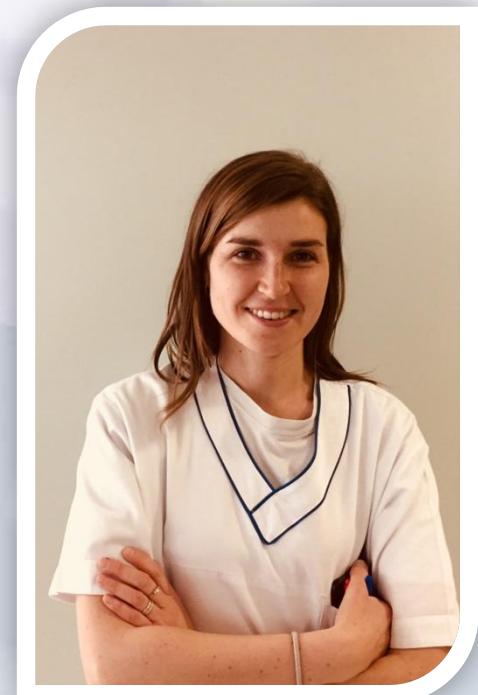
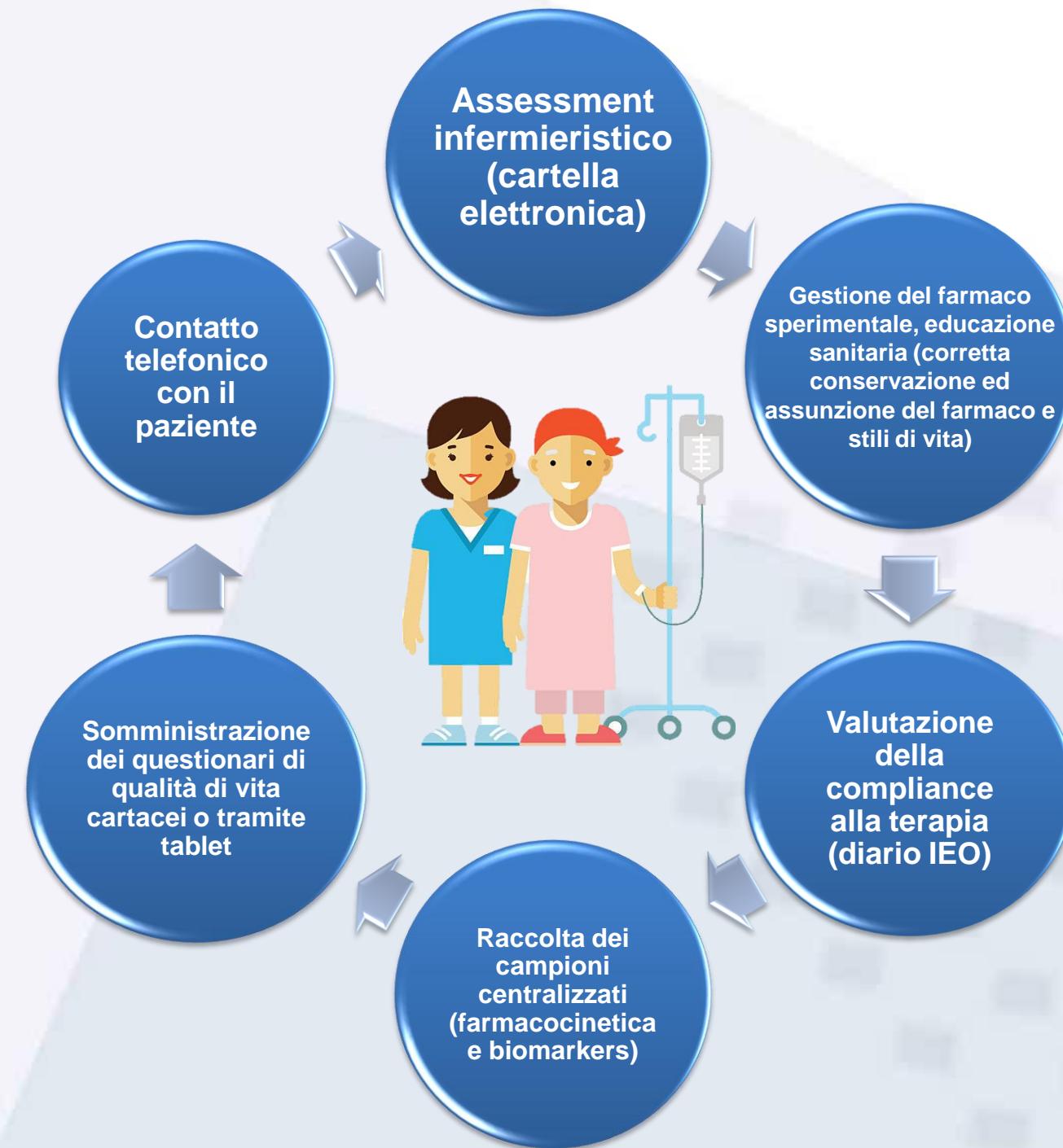
AGENDA

- ✗ LUNEDÌ → DISCUSSIONE CASI PAZIENTI IN TRIAL**
- ✗ MARTEDÌ → DISCUSSIONE MULTIDISCIPLINARE
CASI CLINICI NET**
- ✗ MERCOLEDÌ → DH OMG NET**
- ✗ GIOVEDÌ → AMBULATORIO SSN NET E VISITE
MULTIDISCIPLINARI**
- ✗ VENERDÌ → DISCUSSIONE CASI CLINICI E DH OMG**

Coordinatori di Ricerca Clinica



Infermiera di ricerca



patients and clinical trials



first visit

Screening visit

LIST EXAMS

- MEDICAL HISTORY
- WRITTEN INFORMED CONSENT
- PHYSICAL EXAMINATION
- LABORATORY EXAMINATION
- TUMOR EVALUATION (IMAGING, MAPPING OF SKIN LESIONS)
- CARDIOLOGICAL VISIT
- INCLUSION / EXCLUSION CRITERIA

5.3

Selection of Trial Population

5.3.1

For inclusion in the trial, all of the following inclusion criteria must be met:

1. Signed written informed consent
2. Male or female subjects aged ≥ 18 years
3. Histologically proven MCC
 - a. Confirmation of the diagnosis by appropriate cytokeratin expression (laboratory testing) in the tumor tissue
 - b. Subjects must have metastatic, recurrent or unresectable area(s) of entry
 - c. For Part A: Subjects must have at least one area of metastatic MCC and must have received no treatment that was administered. Subjects may receive chemotherapy regimens for metastatic MCC, such as topotecan, doxorubicine, epirubicin, combination with carboplatin, or other agents.
 - d. For Part B: Subjects must not have MCC. Prior chemotherapy treatment for disease; no metastatic disease for at least 6 months prior to study start

Inclusion Criteria

Exclusion Criteria

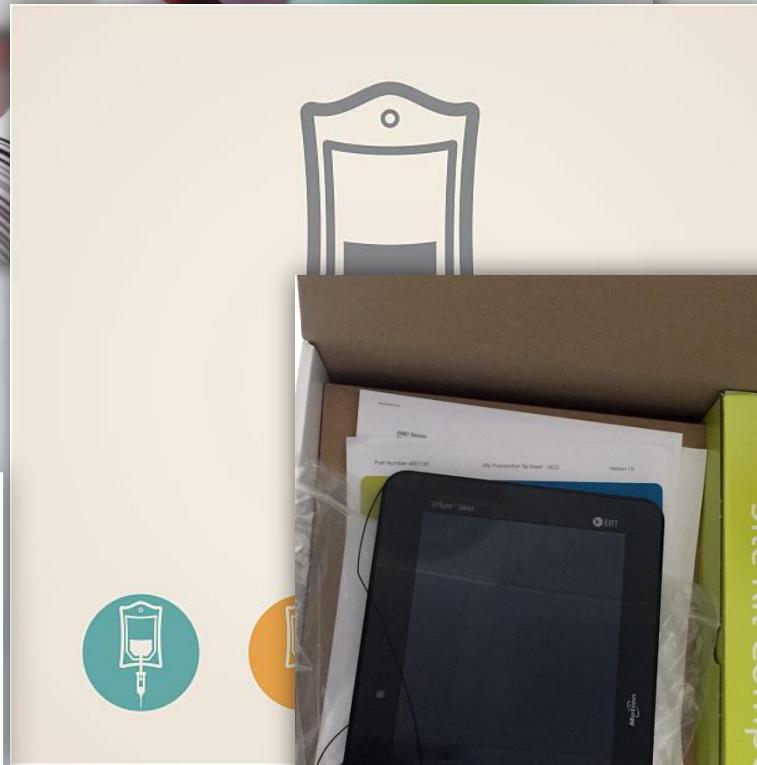
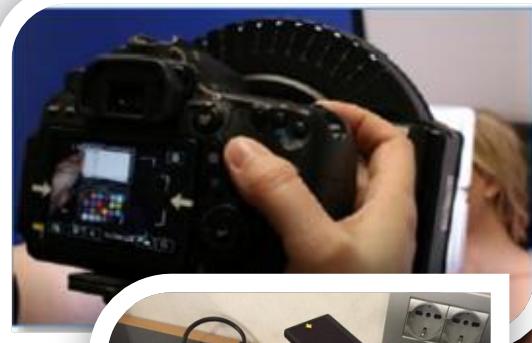
5.3.2

Subjects are not eligible for this trial if they fulfill any of the following exclusion criteria:

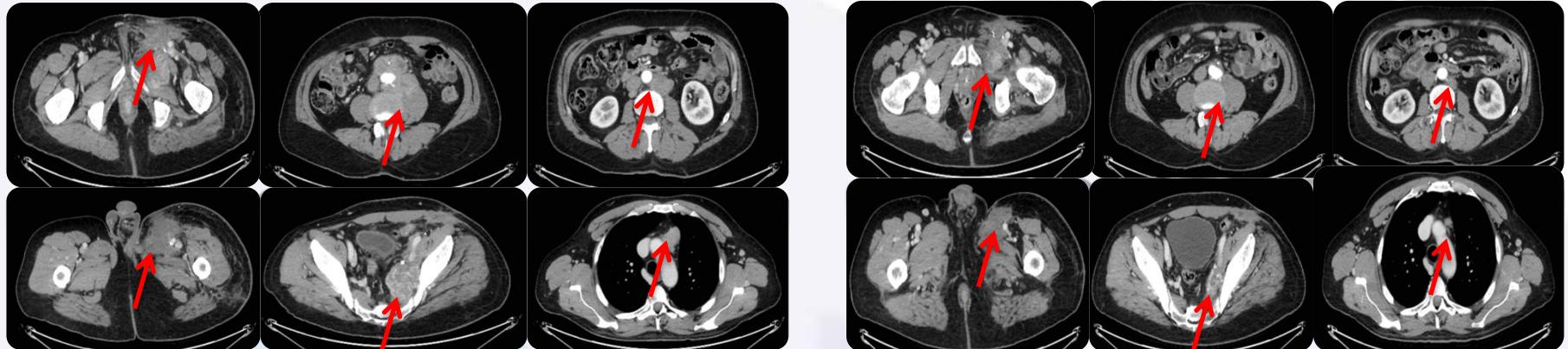
1. Participation in another interventional clinical trial within the past 30 days (participation in observational studies are permitted)
2. Concurrent treatment with a nonpermitted drug
3. Prior therapy with any antibody/drug targeting T-cell coregulatory proteins (immune checkpoints) such as anti-PD-1, anti-PD-L1, or anticytotoxic T-lymphocyte antigen-4 (CTLA-4) antibody; for Part B, the Investigator must consult with the Medical Monitor and consider other co-regulatory targets such as 4-1BB
4. Concurrent anticancer treatment (for example, cytoreductive therapy, radiotherapy [with the exception of palliative bone-directed radiotherapy, or radiotherapy administered on non-target superficial lesions], immune therapy, or cytokine therapy except for erythropoietin). Radiotherapy administered to superficial lesions is not allowed if such lesions are considered target lesions in the efficacy evaluation or may influence the efficacy evaluation of the investigational agent
5. Major surgery for any reason, except diagnostic biopsy, within 4 weeks and/or if the subject has not fully recovered from the surgery within 4 weeks
6. Concurrent systemic therapy with steroids or other immunosuppressive agents, or use of any investigational drug within 28 days before the start of trial treatment. Short-term administration of systemic steroids (that is, for allergic reactions or the management of irAEs) is allowed while on study. Note: Subjects receiving bisphosphonate or denosumab are eligible
7. Subjects with active central nervous system (CNS) metastases or history of treated CNS metastases who have not fully recovered from the metastases unless they have been off therapy for at least 6 months, and do not require continued therapy



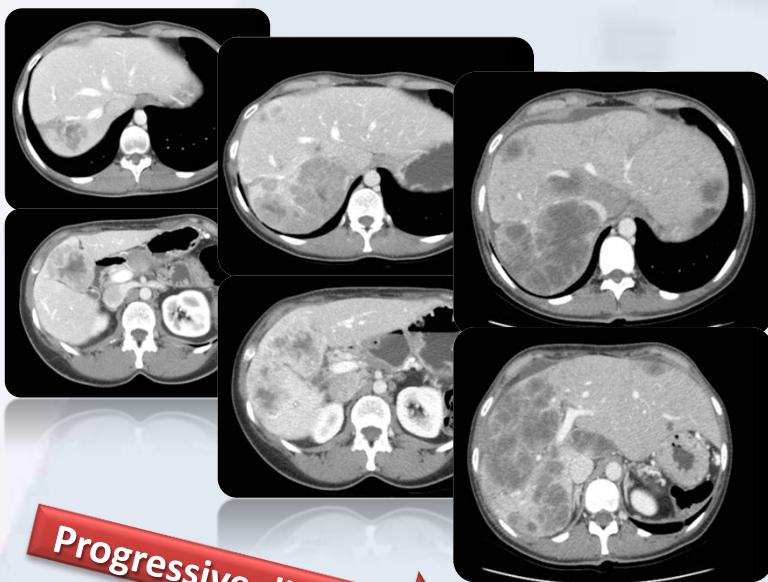
First day of treatment



Assessment during the treatment



partial response



Progressive disease

irRECIST	RECIST 1.1
Unidimensional	Unidimensional
≥ 10 mm	≥ 10 mm
5 lesions total, 2 per organ	5 lesions total, 2 per organ
Incorporated into TTB	Always represents PD
CR = disappearance of all lesions	CR = disappearance of all lesions
PR ≥ 30% decrease from baseline TTB	PR ≥ 30% decrease from baseline TTB
SD = when neither PR nor PD can be established	SD = when neither PR nor PD can be established
PD ≥ 20% increase in the nadir of TTB – (minimum 5 mm)	PD ≥ 20% increase in the nadir of TTB – (minimum 5 mm)
Yes, wait up to 12 weeks to confirm PD to account for flare	Yes, if response is primary endpoint

CRF (case report form)

lxa49196 - Case Report Forms - 3060001/XXX

Subject: 3060001/XXX

SCREENING

DISEASE HISTORY

Forms:

- dov
- dem
- dishist
- qol
- mhx
- mhxdlt
- prether
- pradio
- sphrx
- sphrdt
- tbiop
- brain
- pe
- vs1
- ecog
- ecg
- hema
- hemato
- chem
- llab
- urn1
- micro
- preg1
- sero
- horn
- her2
- sentry
- rescr
- ind

SCREENING

1.* Site of primary tumor (ICD-O)

2.* Sub Sites

Note: Proximal > upper part
Distal > lower part

3.* Tumor histopathology

4.* Date of Initial Cancer Diagnosis

5.* TNM classification

6.* TNM classification

7.* Date of documentation

Other molecular abnormalities

Record identifier

Screening Visit

Visit Date: MO29112

Subject Eligibility: Ircs Istituto Europeo Di Oncologia Ieo On...

Informed Consent: RECIST 1.1 - Tumor Assessment - Target Lesions (Screening) - Screening Visit

Planned Treatment Strategy: RECIST 1.1 - Tumor Assessment - Target Lesions (Screening) - Screening Visit

Exam/scan date (dd MMM yyyy): 08 JUL 2015

Cohort: Cohort 2

Age: 57

Study arm: Control arm

Subject: 4761

Page: RECIST 1.1 - Tumor Assessment - Target Lesions (Screening) - Screening Visit

Exam/scan date (dd MMM yyyy): 08 JUL 2015

CT slice thickness: 5 mm

CT slice thickness unit: MM

MRI slice interval: mm

MRI slice interval unit: MM

Add a new Log line

Printable Version View PDF Icon Key

CRF Version 3074 - Page Generated: 16 Mar 2016

ADVERSE EVENT

Adverse Event: anemia

SAE? Yes No

Start Date (DD/MMM/YYYY): 31 MAY 2017

Outcome: Ongoing

If Resolved, was this due to change in seriousness/severity? Yes No

End Date (DD/MMM/YYYY): 15 JUN 2017

Toxicity/Severity Grade: 2=Moderate

Relationship to Study Treatment: - Ibrutinib/Placebo

Possibly Related

Relationship to Study Treatment: - Nab-paclitaxel

Possibly Related

Relationship to Study Treatment: - Gemcitabine

Possibly Related

Action Taken with Study Treatment: - Ibrutinib/Placebo (mark all that apply)

Not applicable

Dose not changed

SAE (serious adverse event)

Please send completed form to [REDACTED]

Serious Adverse Event Report Form (Clinical Trial)			
COMPANY USE ONLY Receipt date of this report (stamp or date)			
TYPE OF REPORT		Study title: [REDACTED]	
<input type="checkbox"/> Initial	<input type="checkbox"/> Follow-up		
A. REPORTER INFORMATION			
Reporter's First Name	Reporter's Last Name		
Investigator's First Name (if different from Reporter)	Investigator's Last Name (if different from Reporter)		
Address	City		
Country	Phone Number		
E-Mail:	Fax Number		
B. SUBJECT INFORMATION			
Subject ID EMR 100070-003	Trial No.	Center No.	Subject No.
Subject Initials	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Height cm	Weight kg
Date of Birth (dd/mm/yyyy) OR Age at Time of Adverse Event (Specify unit, e.g. years/months, etc.)			
Ethnicity/Race <input type="checkbox"/> American Indian/Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> other _____			
C. RELEVANT MEDICAL HISTORY			
Condition/Disorder	Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)	Ongoing
[REDACTED]	/ /	/ /	<input type="checkbox"/>
[REDACTED]	/ /	/ /	<input type="checkbox"/>
[REDACTED]	/ /	/ /	<input type="checkbox"/>
[REDACTED]	/ /	/ /	<input type="checkbox"/>
[REDACTED]	/ /	/ /	<input type="checkbox"/>

* For all dates use dd/mm/yyyy date format (e.g. 30Nov/2012)

STRICTLY CONFIDENTIAL

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[REDACTED]
Flexible RT (can be modified in certain sections)

Serious Adverse Event Report Form								
Study Information								
1.	Country:	[REDACTED]						
	Centre Number:	[REDACTED]						
	Indication:	[REDACTED]						
	Study ID:	[REDACTED]						
2.	Initial:	<input type="checkbox"/>	Recurrent events or complications of a previously reported event should be reported as follow-up					
	Follow-up:	<input type="checkbox"/>						
	Argus case ID (if known):	[REDACTED]						
3.	Was the treatment code broken?	<input type="checkbox"/> Yes, please enter in section 6 <input type="checkbox"/> No <input type="checkbox"/> Not applicable (i.e. open study)						
Subject Information								
4.	Subject ID:	[REDACTED]			Randomisation No.: [REDACTED]			
	Subject Initials:	[REDACTED]						
	Date of Birth:	dd	mon	yyyy	Age:	[REDACTED]		
	Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female					
	Ethnicity:	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other	<input type="checkbox"/> Black	<input type="checkbox"/> Asian	<input type="checkbox"/> Unknown	
	Weight:	[REDACTED]	<input type="checkbox"/> kg	<input type="checkbox"/> lbs	Please tick which unit is appropriate			
	Height:	[REDACTED]	<input type="checkbox"/> cm	<input type="checkbox"/> in	Please tick which unit is appropriate			
5. Medical history relevant to the SAE including concurrent and pre-existing conditions (please provide dates):								
Condition	Onset date dd mon yyyy	Ongoing at time of SAE? <input type="checkbox"/> yes <input type="checkbox"/> no	If no, End date dd mon yyyy					
[REDACTED]	[REDACTED]	<input type="checkbox"/> yes <input type="checkbox"/> no	[REDACTED]					
[REDACTED]	[REDACTED]	<input type="checkbox"/> yes <input type="checkbox"/> no	[REDACTED]					
[REDACTED]	[REDACTED]	<input type="checkbox"/> yes <input type="checkbox"/> no	[REDACTED]					
[REDACTED]	[REDACTED]	<input type="checkbox"/> yes <input type="checkbox"/> no	[REDACTED]					
[REDACTED]	[REDACTED]	<input type="checkbox"/> yes <input type="checkbox"/> no	[REDACTED]					
[REDACTED]	[REDACTED]	<input type="checkbox"/> yes <input type="checkbox"/> no	[REDACTED]					
[REDACTED]	[REDACTED]	<input type="checkbox"/> yes <input type="checkbox"/> no	[REDACTED]					

[REDACTED]
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End of treatment (EOT)

Early discontinuation

End of treatment according to clinical trial

Toxicity

PD

Consent withdrawal

Death

THANK YOU FOR YOUR ATTENTION



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