Pazopanib or placebo in completely resected stage I NSCLC patients: survival results of the phase II trial IFCT-0703


Intergroupe Francophone de Cancérologie Thoracique (IFCT) - Paris (France)

Abstract 7511 – ASCO 2015

ABSTRACT

STUDY DESIGN

Feasibility at 36% of pts received pazopanib at least 3 months & G4 tox.<20% proceeded into Phase II

RECRUITMENT & DESIGN

145 patients randomized by 2 centers 2 doses of pazopanib

• Compliance rate: 38% [23-55]

• Poor compliance at 800 mg/d

DISEASE-FREE SURVIVAL

• Recommendation: resume at 400 mg/d

6 yr OS Pz vs Pl: 83% [74-92]

Overall HR (0.8-0.5): P=0.26

OVERALL CONCLUSIONS

IFCT 0703 is the first feasibility study of adjuvant VEGFR TKI Compliance rate with pazopanib 800 mg/d was 38% [23-55] ... stage I NSCLC patient The role of antiangiogenic agents has not been established, so far, in the adjuvant setting

RATIONALI

• There is no standard adjuvant treatment after resection of stage I NSCLC:

Adjuvant cisplatin-based chemotherapy is an option if tumor size > 4 cm Adjuvant UFT is only approved in Asia Pazopanib is an oral angiogenesis inhibitor targeting VEGFR, PDGFR and c-Kit Neoadjuvant pazopanib in stage III NSCLC induced a volume reduction in 86% of the patients We previously reported the compliance rate (primary endpoint) of the study (Besse, ECOO 2013)

PATIENT CHARACTERISTICS

Primary: Proportion of patients that receive pazopanib, or placebo, for at least 12 weeks within 24 weeks of randomization Secondary:

• Overall survival

• Tolerance/compliance

• Long-term toxicity profiles/safety

• Recurrence site

• Detailed observance

• QoL (EORTC-QLQ-C30 with LC-13)

Exploratory:

identification of intra-tumoral biomarkers

STATISTICAL ANALYSIS

A two-step Phase II Fleming’s design was used to monitor compliance in the pazopanib group. With probability of compliance: P0 = 60%; Pa = 80%; power = 90%; α (one-sided) = 5%. First evaluation after 32 evaluable patients and, if necessary, 24 additional patients, up to 56 evaluable patients. After 32 pts interim analysis, cohort 1, DMC recommended to start with pazopanib 400 mg/d because of insufficient initial compliance. Study recruitment not withhold additional patients at 800 mg/d in pazopanib group (cohort 2). Cohort 1 and 2 reported together. One-stop Fleming design used with the new dose and 31 patients were further included in pazopanib arm (cohort 3).

TREATMENT WITHDRAWAL

According to protocol 45 56% 45 7% Disease recurrence 2 3% 0% Study drug toxicity 17 21% 7 11% Patient’s decision 8 10% 5 8%

Investigator’s decision 5 6% 1 2%

Intercurrent disease 0 0% 6%

Other 3 4% 0%

CONCLUSIONS

IFCT 0703 is the first feasibility study of adjuvant VEGFR TKI Compliance rate with pazopanib 800 mg/d was 38% [23-55] vs. 69% [50-84] with pazopanib 400 mg/d Pazopanib 400 mg/d cohort was feasible and had acceptable toxicity. The phase III component was cancelled because pazopanib 800 mg/d was not feasible. The number of events is very low, but it is unlikely that adjuvant pazopanib improves OS and DFS in resected stage I NSCLC patient. The role of antiangiogenic agents has not been established, so far, in the adjuvant setting.