Meedoen aan onderzoek naar nieuwe behandelingen

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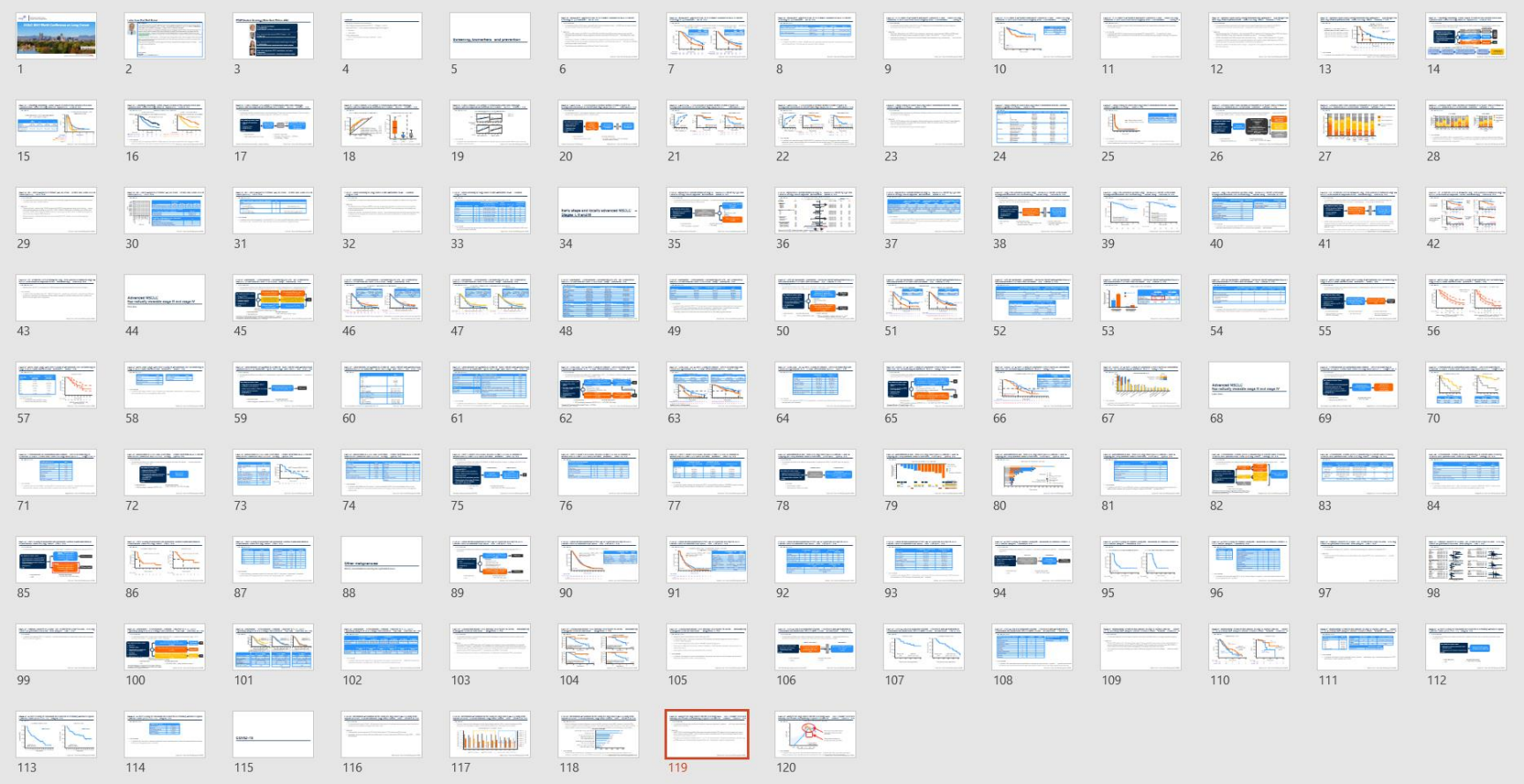
Waarom onderzoek?



Dia’s met de belangrijkste resultaten van onderzoek bij longkanker op de WCLC 2021.

Wanneer kan je aan een onderzoek meedoen?

- Als er een studie is die bij uw situatie past.

Kan ik altijd meedoen aan onderzoek?

Longkanker Nederland

4.1 Inclusion Criteria

Subjects will be enrolled in this study only if they meet all of the following criteria:

1. Signed informed consent form (ICF) indicating an understanding of the purposes, risks, and procedures required for the study and willingness and ability to participate in the study.

   Subjects with a histologically confirmed diagnosis of pleural malignant mesothelioma, who are non-progressive (so CR, PR or SD) after 4 to 6 cycles with first line chemotherapy with antifolate/platinum (as determined by CT scanning). Subjects retreated with antifolate/platinum after a disease-free interval of 12 months after the first chemotherapeutic treatment are eligible. Concurrent bevacizumab during chemotherapy and during the first 6 weeks after completion of chemotherapy is allowed.
2. Subject must have signed informed consent within 8 weeks of their last chemo and the date of their informed consent must be such that all per protocol required procedures can be done in such a timeframe that the first treatment can be given within 9 and 13 weeks after their last chemotherapy.
3. Measurable disease has to be assessed by modified RECIST criteria on CT scanning by radiologic imaging. Even in the absence of measurable disease patients can be included in the study. In such case CT scanning will also be done to evaluate the disease.
4. Subjects must be at least 18 years old.
5. Subjects must have WHO-ECOG performance status of 0 or 1 (see Appendix 2).
6. Subjects must have adequate organ function and adequate bone marrow reserve at screening:
   - creatinine ≤ 1.5 × upper limit of normal [ULN] or glomerular filtration rate ≥ 50 mL/min
   - ALT, AST, bilirubin ≤ 1.5 × ULN
   - Absolute neutrophil count ≥1.5 x 10^9/L, platelet count ≥100 x 10^9/L, and Hb ≥9.0 g/dL.
7. Women of childbearing potential must have a negative serum pregnancy test at screening and a negative urine pregnancy test just prior to the first study drug administration on Day 1, and must be willing to use an effective contraceptive method (intrauterine devices, hormonal contraceptives, contraceptive pill, implants, transdermal patches, hormonal vaginal devices, infusions with prolonged release) or true abstinence (when this is in line with the preferred and usual lifestyle)* during the study and for at least 12 months after the last study drug administration.

*True abstinence is acceptable when this is in line with the preferred and usual lifestyle of the subject. Periodic abstinence (such as calendar, ovulation, symptothermal, post-ovulation methods) and withdrawal are not acceptable methods of contraception.

8. Men must be willing to use an effective contraceptive method (e.g. condom, vasectomy) during the study and for at least 12 months after the last study drug administration.
9. Subjects must be willing and able to follow the protocol requirements and must be willing and able to return to the study center for adequate follow-up visits.

4.2 Exclusion Criteria

Subjects will not be enrolled in this study if they meet any of the following criteria:

1. Subject with any concurrent medical, psychological or psychiatric disease or condition that is likely to interfere with study procedures or results, or that in the opinion of the investigator would constitute a hazard for participating in this study.
2. Subject with any serious intercurrent chronic or acute illness such as cardiac (New York Heart Association [NYHA] Class III or IV; see Appendix 3) or hepatic disease or other serious concomitant disease considered by the investigator to constitute an unwarranted high risk for investigational dendritic cell treatment.
3. Subject with any known active serious infection, including human immunodeficiency virus (HIV), hepatitis B or C virus, or syphilis infection.
4. Subject with a history of autoimmune disease, except for diabetes mellitus type I or other conditions, where patient can be eligible following discussion with medical monitor.
5. Subject who has received an organ allograft.
6. Subject with any previous malignancy except adequately treated basal cell or squamous cell skin cancer, superficial or *in-situ* cancer of the bladder or other cancer for which the subject has been disease-free for at least 3 years.
7. Subject with a known allergy to shell fish (may contain KLH).
8. Pregnant women, nursing mothers, lactating women, and women of child-bearing potential who are unwilling to use effective contraceptive methods (intrauterine devices, hormonal contraceptives, contraceptive pill, implants, transdermal patches, hormonal vaginal devices, infusions with prolonged release) during the study and for at least 12 months after the last study drug administration.
9. Subject with inadequate peripheral vein access to perform leukapheresis.
10. Use of >10 mg of steroids (or other immunosuppressive agents) during the past 6 weeks before the first study drug administration and throughout the study. Prophylactic usage of dexamethasone during chemotherapy is excluded from this 6-week interval. Inhaled or topical steroids, and adrenal replacement steroid ≤10 mg daily prednisone equivalent, are permitted in the absence of active autoimmune disease.
11. Treatment with any investigational product within 4 weeks or 5 half-lives (whichever is longer) before the first study drug administration or concomitant participation in another clinical study.
12. Subject who is unwilling or unable to follow the protocol requirements, including availability for follow-up assessment.

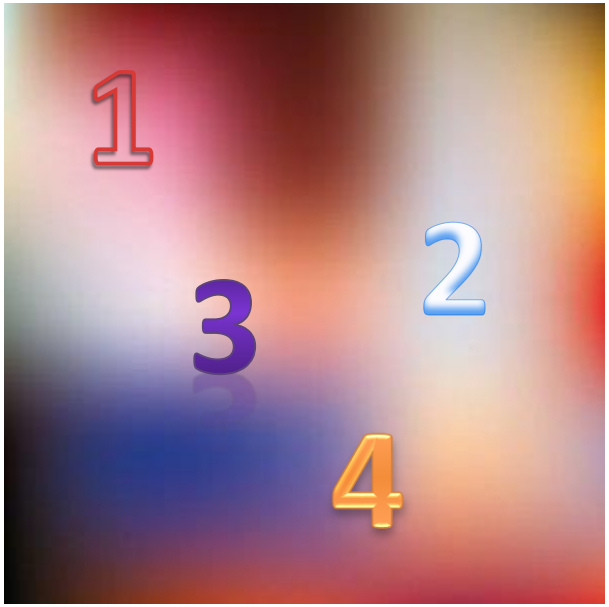
Wat is het verschil tussen een fase 1, 2, 3 en 4 onderzoek?

Vraagstelling

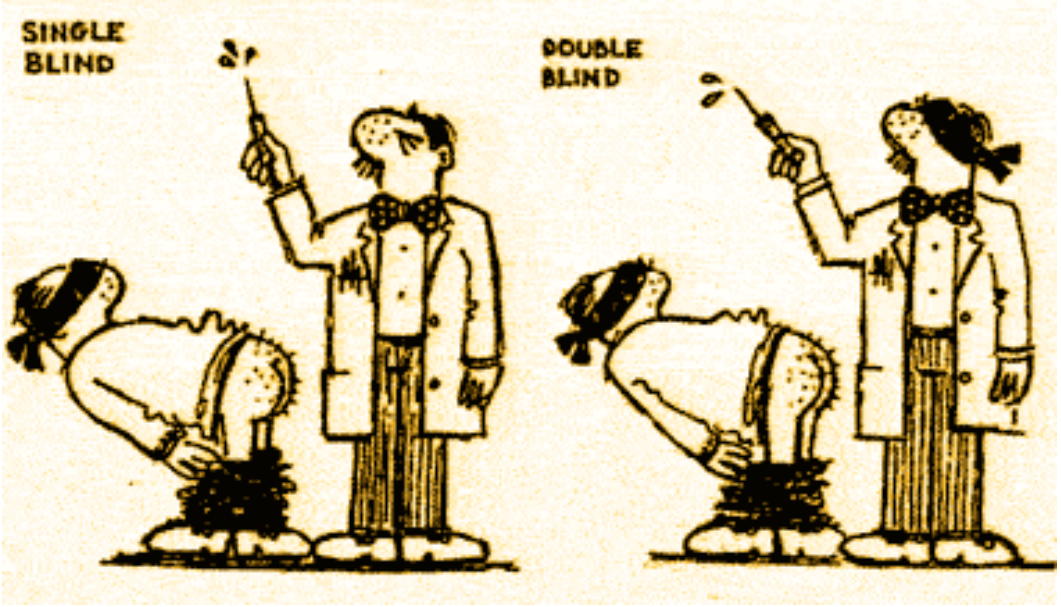
1. Veilige dosis? Bijwerkingen?
2. Hoe vaak krimpt de kanker?
3. Leef je langer?
4. ‘Post-marketing’

Aantal deelnemers

1. 3 tot 20
2. Tientallen
3. Honderden
4. Duizenden?



Wat betekent
blind of dubbel blind onderzoek?



thejabberwock.org

Wat kan meedoen aan een onderzoek mij opleveren?

Wat kan voor mij een nadeel zijn om mee te doen aan een onderzoek?

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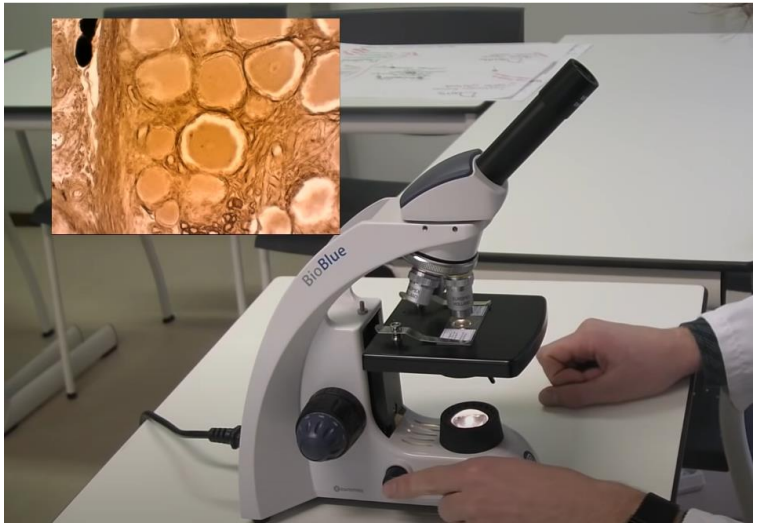
3 resultaten uit de afgelopen jaren

1. Diagnostiek

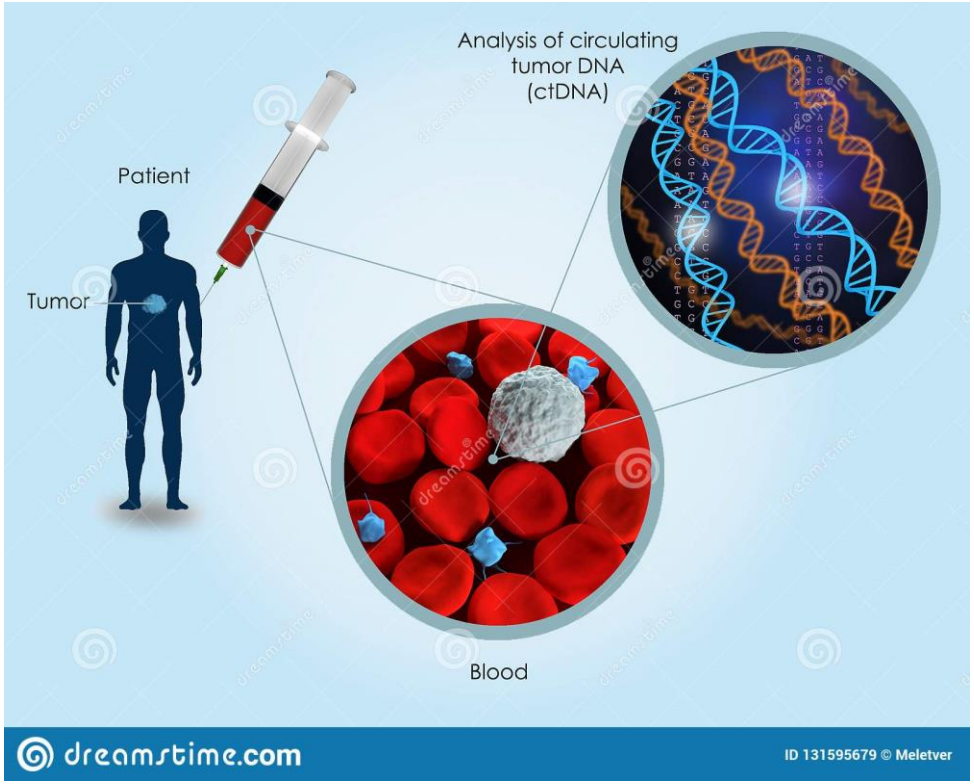
2. Vroege stadia longcarcinoom

3. Stadium IV longcarcinoom

Diagnostiek



Klassiek: tumorbiopt en microscopie

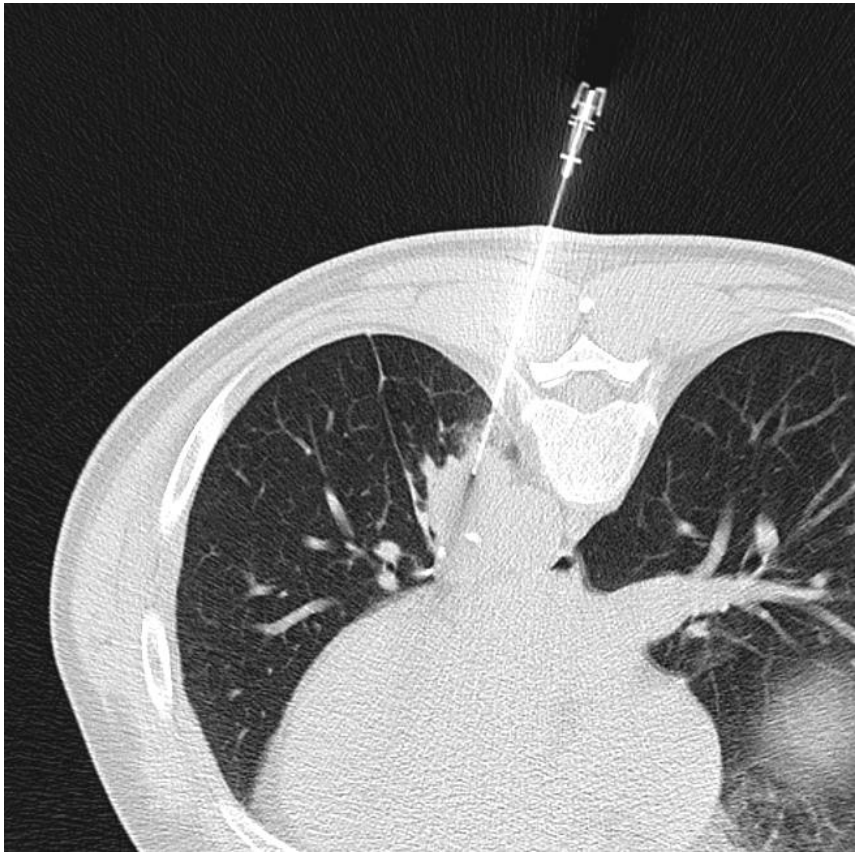


Nu: DNA diagnostiek uit buisje bloed

TABLE 1 | Current and proposed molecular testing for NSCLC in the Netherlands.

	Current guidelines	Consensus
Recommended	*ALK*, EGFR*	*ALK*, BRAF, EGFR, ERBB2, KRAS, MET, NRG1, NTRK1, NTRK2, NTRK3,* PD-L1**, *RET, ROS1*
Strongly suggested	*BRAF, ERBB2, KRAS, RET, ROS1*	

**Testing with IHC and mutation analysis, **Testing with IHC.*



vd Broek et al Frontiers in Oncol 2020

Vragen bij invoeren ctDNA test

- Welk testprofiel?
- Betrouwbaarheid?

Antwoorden:
door ‘simpel’ biobank onderzoek.

- Vergoeding?
- Beschikbaarheid?
- Inbouwen de bestaande routine?

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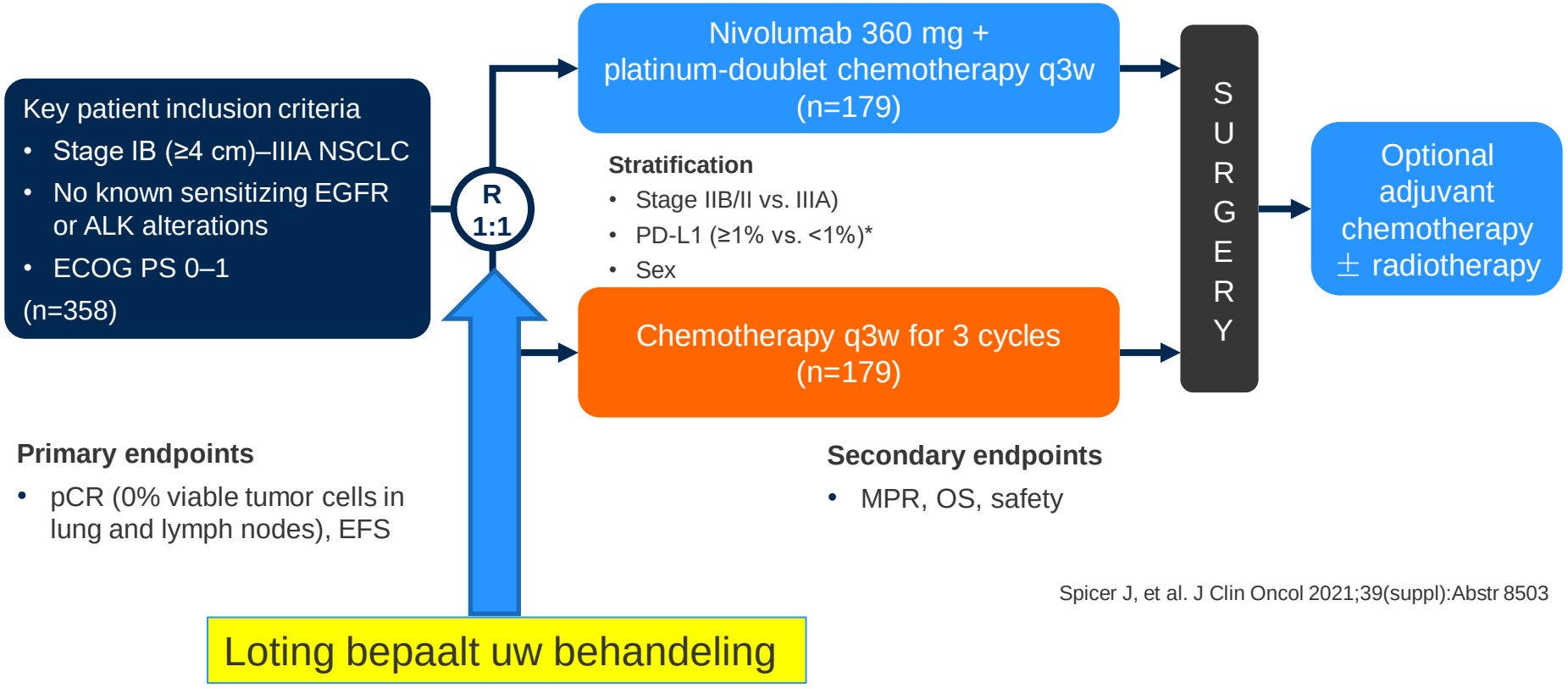
Niet-kleincellig longcarcinoom

- “Het is te opereren”
- “Wilt u meedoen aan een onderzoek?”
- “Voor de operatie uit krijgt u dan eerst chemo en/of immunotherapie”

ASCO 8503: CheckMate 816: Nivolumab + chemotherapy vs chemo voor de operatie uit bij patienten met NSCLC – Spicer J, et al

- **Study objective**
  - To evaluate the surgical outcomes after neoadjuvant nivolumab + chemotherapy in patients with resectable NSCLC in CheckMate 816

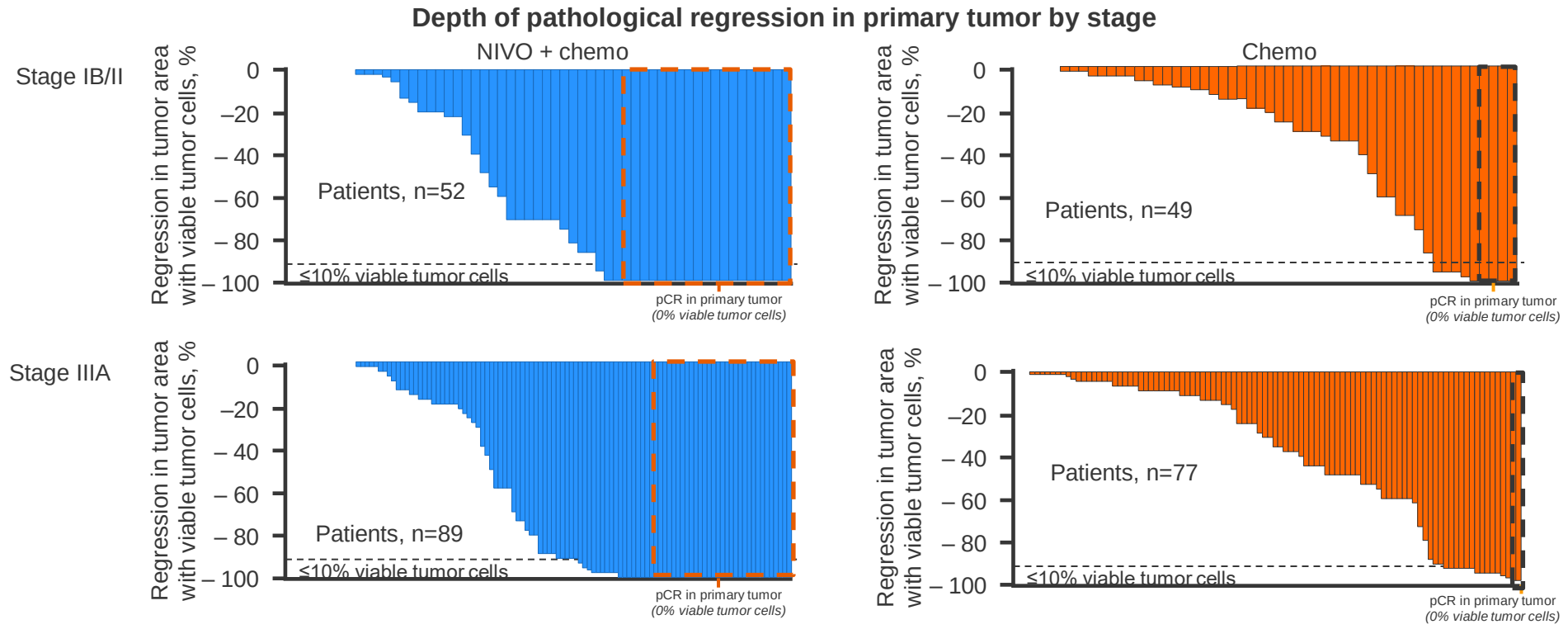


Spicer J, et al. J Clin Oncol 2021;39(suppl):Abstr 8503

*Determined using IHC 28-8 pharmDx assay

ASCO 8503: CheckMate 816: Nivolumab + chemotherapy vs chemo voor de operatie uit bij patienten met NSCLC – Spicer J, et al

- **Belangrijkste resultaten:**



Spicer J, et al. J Clin Oncol 2021;39(suppl):Abstr 8503

Wat nu?

- Uitkijken naar de rest van de resultaten.
  - Genezen daadwerkelijk meer patiënten met deze voorbehandeling?

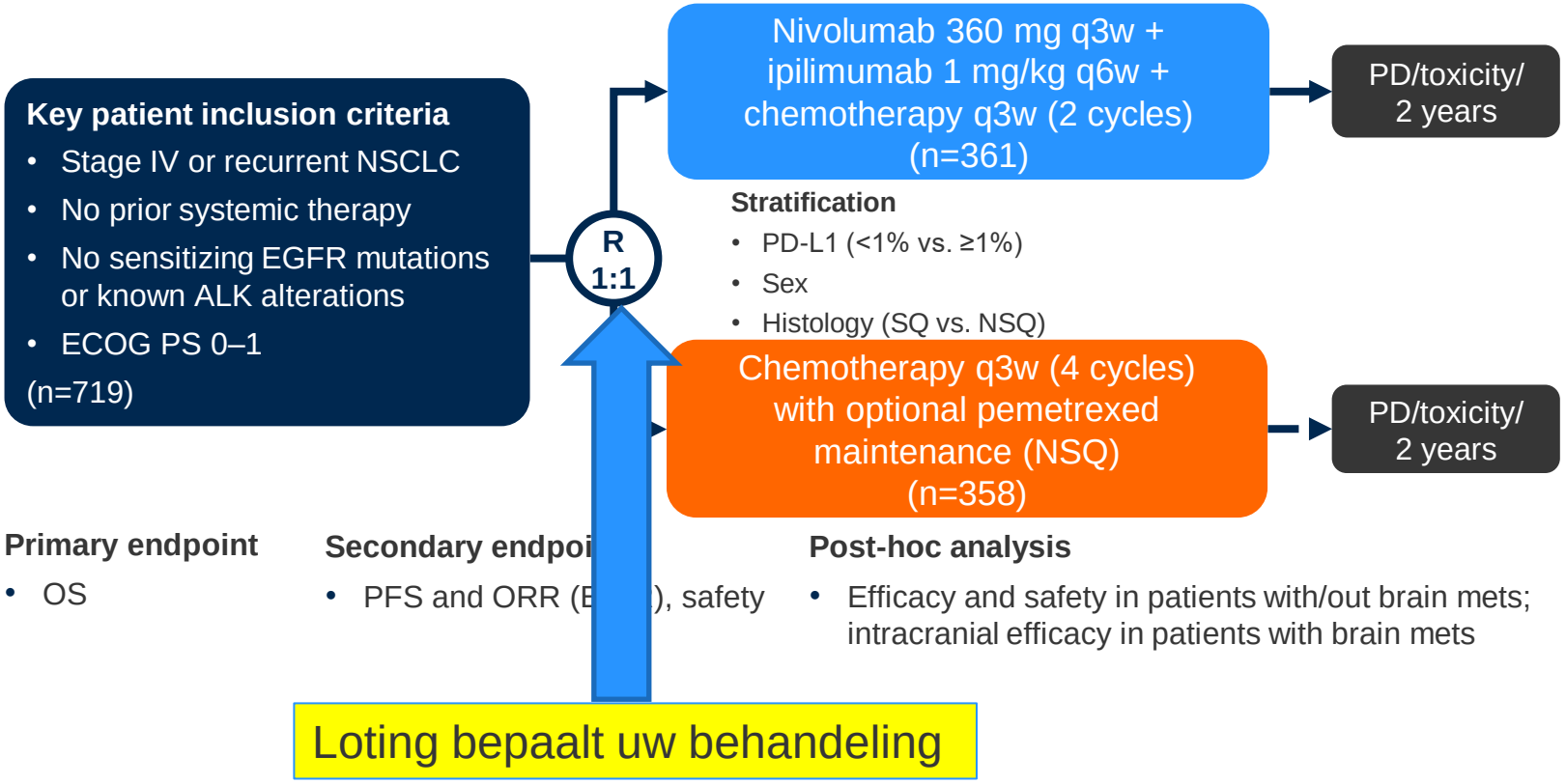
- De immuuntherapie lijkt bij steeds meer indicaties te helpen.

Het 3de voorbeeld:

- Stadium IV longcarcinoom

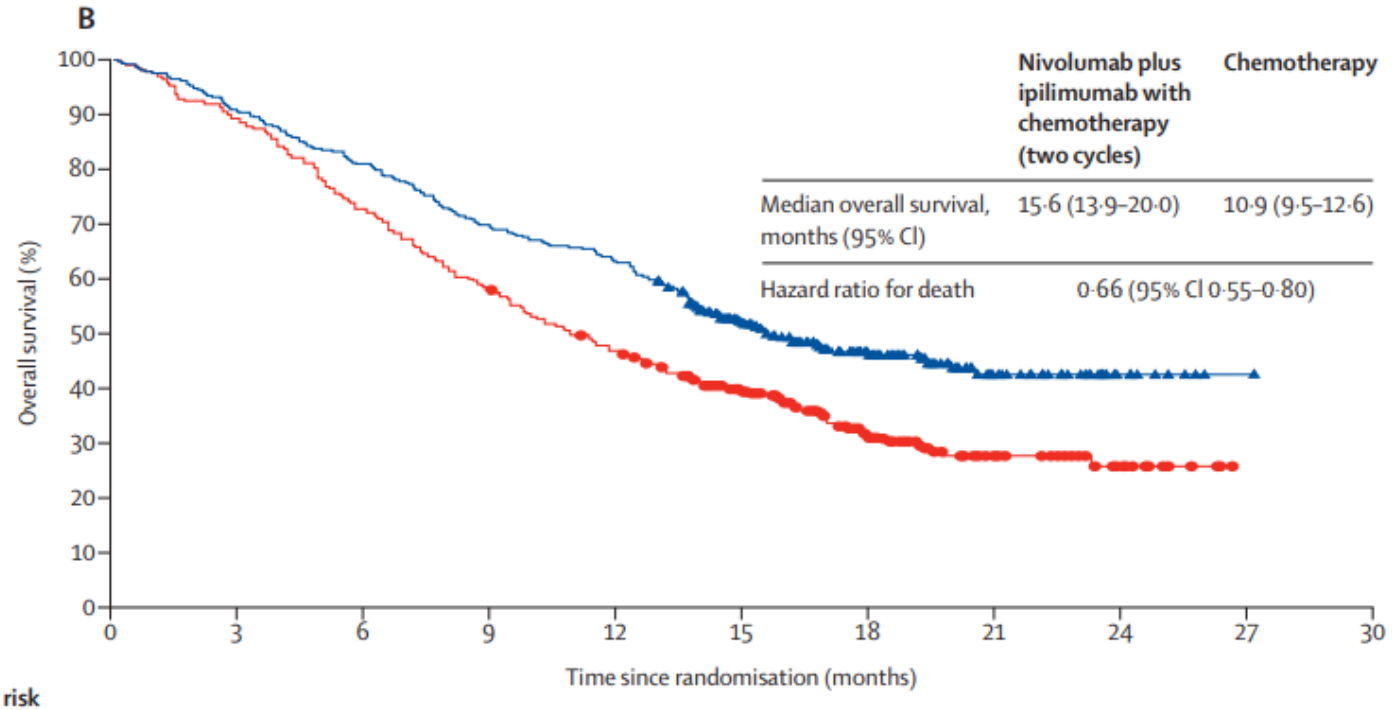
OA09.01: First-line Nivolumab + Ipilimumab + Chemo in Patients With Advanced NSCLC and Brain Metastases: Results From CheckMate 9LA – Carbone D, et al

- **Study objective**
  - To evaluate the efficacy and safety of 1L nivolumab + ipilimumab + chemotherapy in patients with advanced NSCLC with and without brain metastases at baseline in CheckMate 9LA



Carbone D, et al. J Thorac Oncol 2021;16(suppl):Abstr OA09.01

Immuuntherapie bij stadium 4 NSCLC

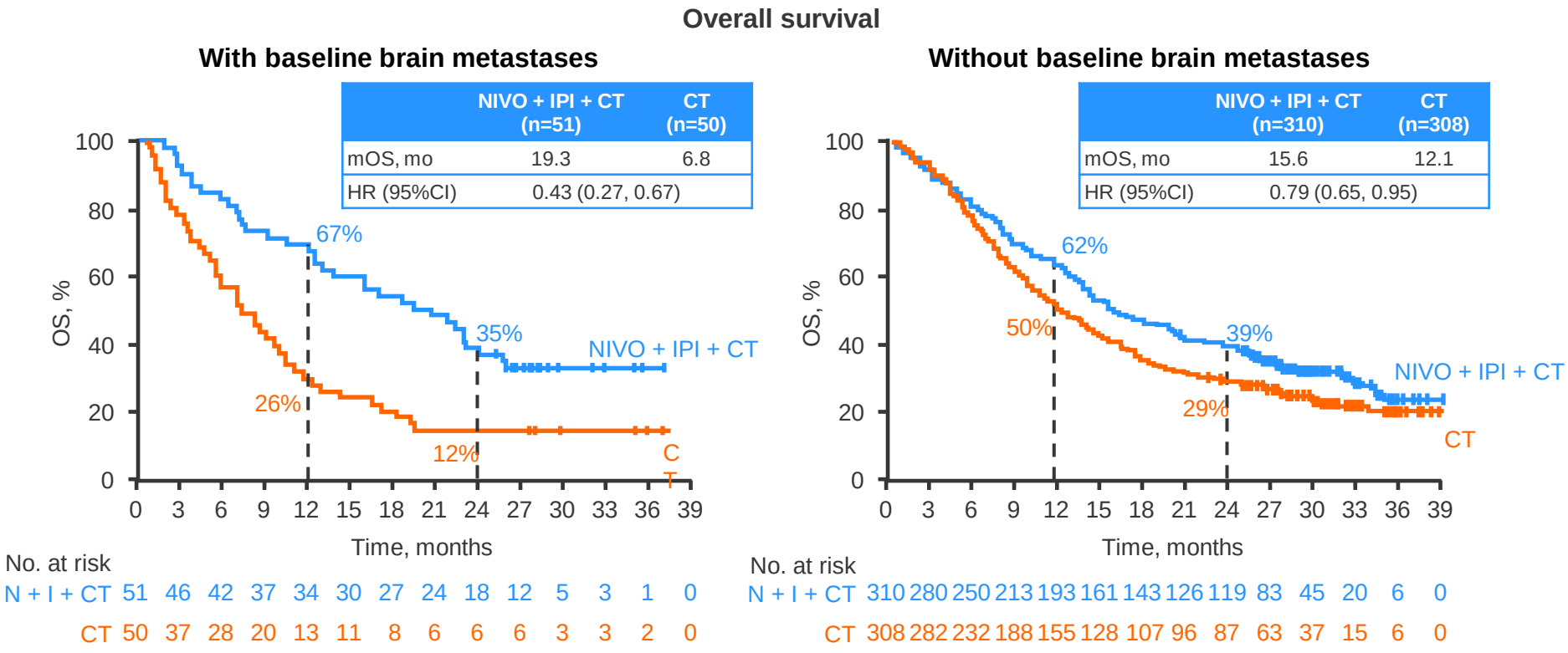


Number at risk (number censored)											
Nivolumab plus ipilimumab with chemotherapy (two cycles)	361 (0)	326 (0)	292 (0)	250 (0)	227 (0)	153 (38)	86 (90)	33 (138)	10 (161)	1 (170)	0 (171)
Chemotherapy	358 (0)	319 (0)	260 (0)	208 (0)	166 (2)	116 (27)	67 (56)	26 (91)	11 (105)	0 (116)	0 (116)

De Checkmate 9LA studie: Paz-Ares et al Lancet Oncol 2021

En wat met de mensen die uitzaaiingen hadden in de hersenen?

- **Key results**



WCLC 2021: OA09.01 Checkmate 9LA

Carbone D, et al. J Thorac Oncol 2021;16(suppl):Abstr OA09.01

Wat nu?

- : goed luisteren naar het volgende verhaal over de behandeling van hersenmetastasen

Dank voor uw aandacht

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