

O1-13: Gastric Cancer 1 (English)

**Randomized phase II study of CPT-11 versus
PTX: +/- S1 in advanced gastric cancer
refractory to S1 or S1 + platinum
(OGSG 0701)**

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Conflict of Interest disclosure slide for representative speakers or investigators

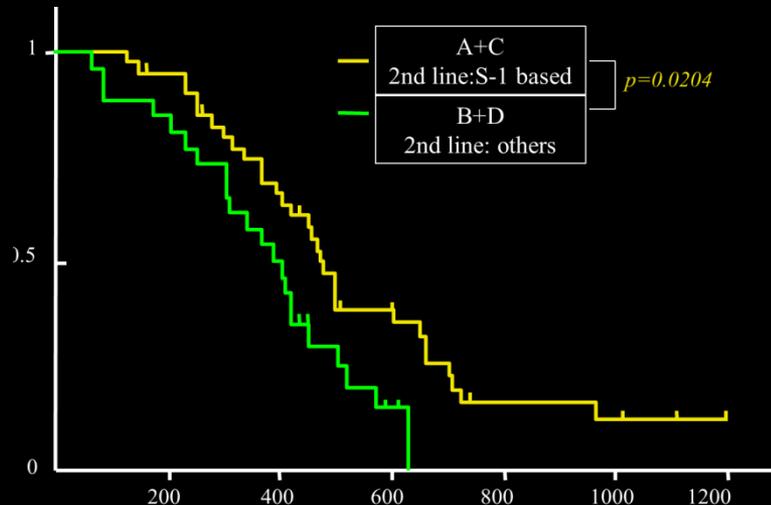
Research fund scientific research fund contract donation other Sponsor Eli Lilly

Name of lead presenter	Naotoshi Sugimoto		Institution or company/position	Osaka Medical Center for Cancer and Cardiovascular Diseases
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employee of company and/or profit-making organization	<input type="checkbox"/>			
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representative of organization for clinical study receiving research expenses from company	<input checked="" type="checkbox"/>	Eli Lilly Japan KK, Chugai Pharmaceutical Co Ltd, Taiho Pharmaceutical Co Ltd, Yakult Honsha Co Ltd, Daiichi Sankyo Healthcare Co Ltd		
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Name of principal investigator			Institution or company/position	
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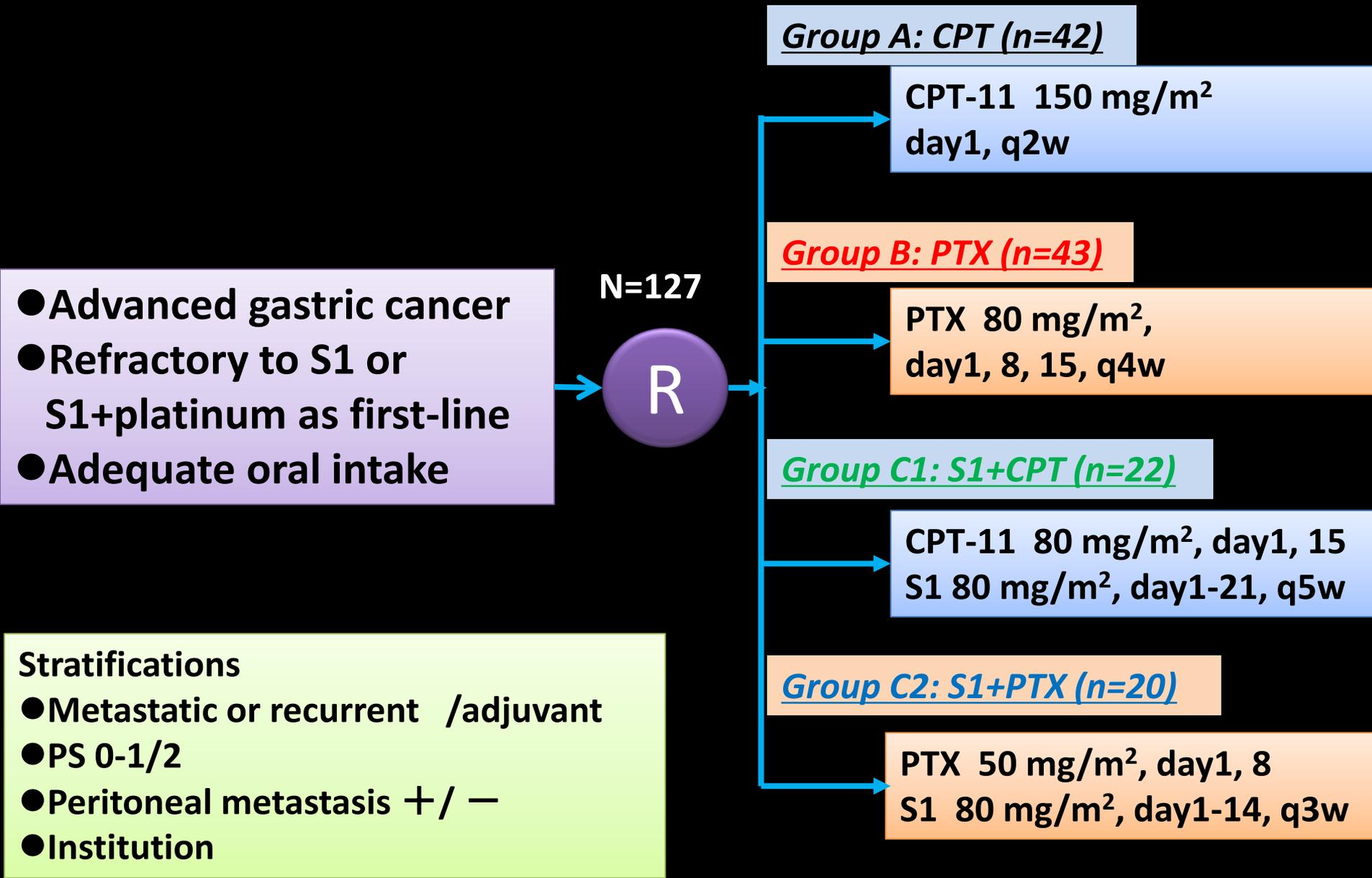
Background

- In Japan, S1 + platinum (SP) is recommended for advanced gastric cancer (AGC) patients as first-line setting¹, and S1 monotherapy is suggested for frail AGC patients or adjuvant setting^{2,3}.
- However, taxane or CPT-11 were often employed as second-line treatment for the patients who were resistant to S1-containing regimen.
- A retrospective analysis has reported that S1 beyond progression (SBP) extended overall survival as second-line treatment for AGC that was resistant to first-line S1-based chemotherapy⁴.



1. W. Koizumi et al. Lancet Oncol. 2008 9 (3):215-21.
2. S. Sakuramoto et al. N Engl J Med. 2007 357 1810-20.
3. M. Sasako et al. J Clin Oncol. 2011 29 (33) 4387-93
4. N. Sugimoto et al. Gan To Kagaku Ryoho. 2009 36 (3): 417-24

OGSG0701 : Study Design



Objective and Endpoints

● Objective

To examine the efficacy and safety comparing CPT-11, PTX, and each combination chemotherapy with S1 refractory to S1 or SP

● Endpoints

- ✓ Primary endpoint
 - Overall Survival (OS)
- ✓ Secondary endpoints
 - progression free survival (PFS)
 - response rate (RR)
 - safety

Statistical Considerations

- 2x2 factorial screening design
- Assumed median OS: PTX based (B+C2) 5 months
CPT based (A+C1) 7 months
- 1-sided $\alpha=0.2$, a power of $\beta=80\%$
- Sample size $n=100$
- Assumed median OS: CPT or PTX (A+B): non-SBP 6 months
S1 based (C1+C2): SBP 8 months
- 1-sided $\alpha=0.2$, a power of $\beta=73\%$
- Sample size $n=120$
 - ✓ 40 patients/each Group A and Group B,
 - ✓ 20 patients/each Group C1 and Group C2
- Accrual Time: 3 years → 4.5years
- Follow-up Time: 2years → 1 year

Main Inclusion Criteria

- **Histologically confirmed gastric cancer**
- **Disease progression confirmed by imaging technique during first-line chemotherapy with S1 or SP or during adjuvant chemotherapy or within 26 weeks after adjuvant chemotherapy completion with S1**
- **ECOG performance status 0-2**
- **Age 20-74**
- **No severe organ dysfunction**
- **Written informed consent**

Consort Diagram

Randomly allocated(n=127)

Group A: CPT

Allocated to CPT (n=42)
•Received allocated intervention (n=42)

Discontinuation intervention(n=42)
•Disease progression(n=37)
•Adverse event (n=2)
•Withdraw (n=1)
•Death (n=1)
•Other (n=1)

•Full analysis set (n=42)
•Safety analysis set (n=42)

Group B: PTX

Allocated to PTX (n=43)
•Received allocated intervention (n=42)

Discontinuation intervention(n=43)
•Disease progression (n=35)
•Adverse event (n=3)
•Withdraw (n=3)
•Other (n=2)

•Full analysis set (n=43)
•Safety analysis set (n=43)

Group C1: S1+CPT

Allocated to S-1/CPT(n=22)
•Received allocated intervention (n=21)
•Received S-1/PTX (n=1)

Discontinuation intervention(n=22)
•Disease progression (n=19)
•Adverse event (n=2)
•Withdraw (n=1)

•Full analysis set (n=22)
•Safety analysis set (n=21)

Group C2: S1+PTX

Allocated to S-1/PTX (n=20)
•Received allocated intervention (n=20)

Discontinuation intervention(n=20)
•Disease progression (n=15)
•Adverse event (n=3)
•Other (n=2)

•Full analysis set (n=20)
•Safety analysis set (n=21)

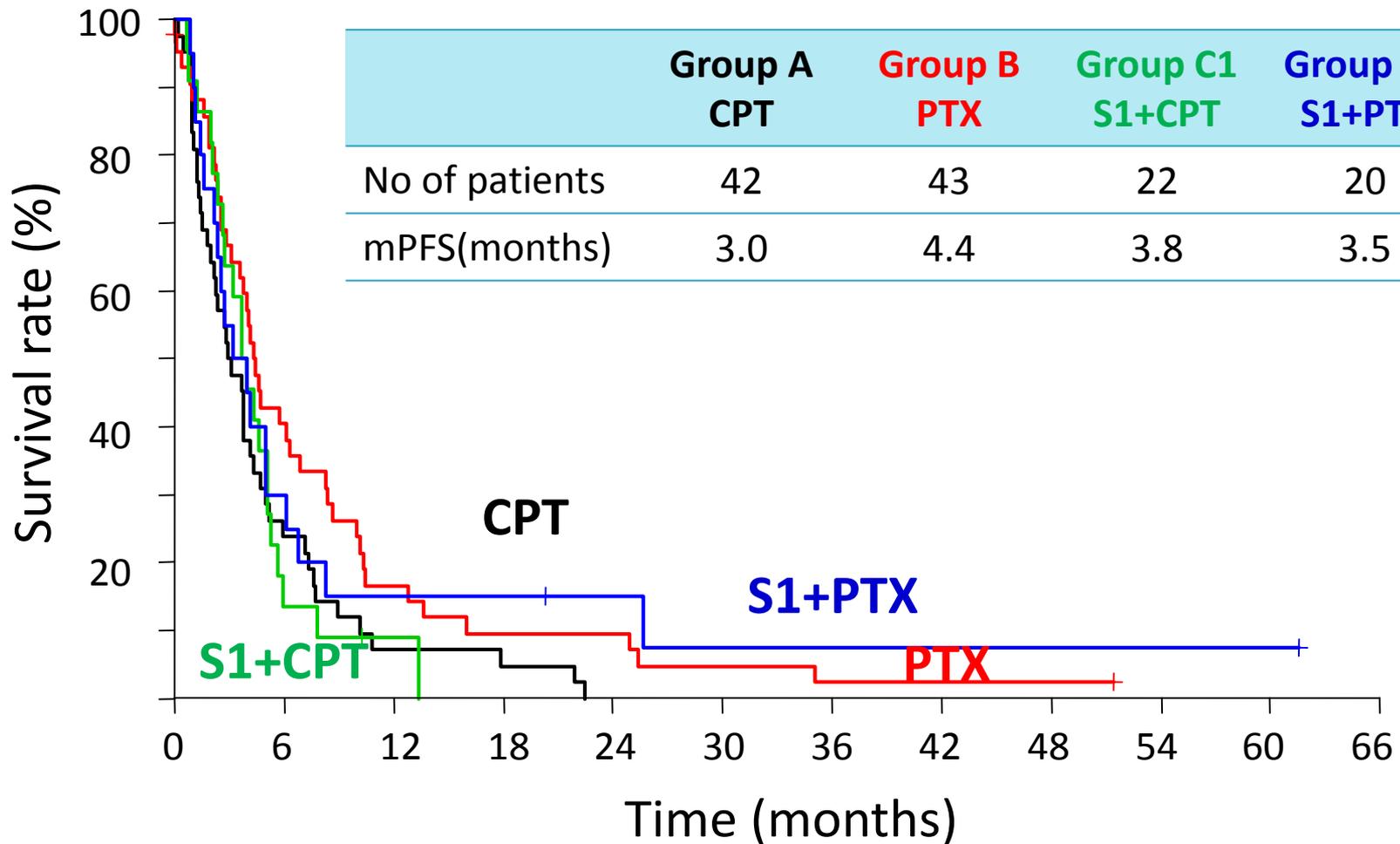
Patient Characteristics

	Group A CPT (n=42)	Group B PTX (n=43)	Group C1 S1+CPT (n=22)	Group C2 S1+PTX (n=20)
Gender Male/Female	30/12	35/8	15/7	12/8
Age, years Median(range)	65 (44-74)	65 (31-74)	67 (47-73)	63 (37-74)
ECOG PS 0-1/2	42/0	41/2	21/1	20/0
Histology Intestinal/Diffuse	24/18	25/17	11/10	12/8
Prior gastrectomy Yes/No	22/20	21/22	13/9	13/7
Peritoneal metastasis Yes/No	15/27	15/28	7/15	4/16
No. of metastatic sites 0-1/≥2	28/14	31/12	19/3	16/4

Objective Response Rate

	Group A CPT N = 42	Group B PTX N = 43	Group C1 S1 + CPT N = 22	Group C2 S1 + PTX N = 20
ORR, % (95% CI)	7.1 (1.5-19.5)	16.3(6.8-30.7)	4.5 (0.1-22.8)	5.0 (0.1-24.9)
DCR, % (95% CI)	54.8 (38.7-70.2)	46.5 (31.2-62.3)	59.1 (36.4-79.3)	55.0 (31.5-76.9)
	A+C1 CPT ± S1 N = 64	B+C2 PTX ± S1 N = 63	A+B Non-SBP N = 85	C1+C2 SBP N = 42
ORR, % (95% CI)	4.7 (1.7-15.2)	12.7(5.6-23.5)	11.8 (5.8-20.6)	4.8 (0.6-16.2)
p-value	0.241		0.334	
DCR, % (95% CI)	56.3 (43.3-68.6)	49.2 (36.4-62.1)	50.6 (39.5-61.6)	57.1 (41.0-72.3)
p-value	0.479		0.572	

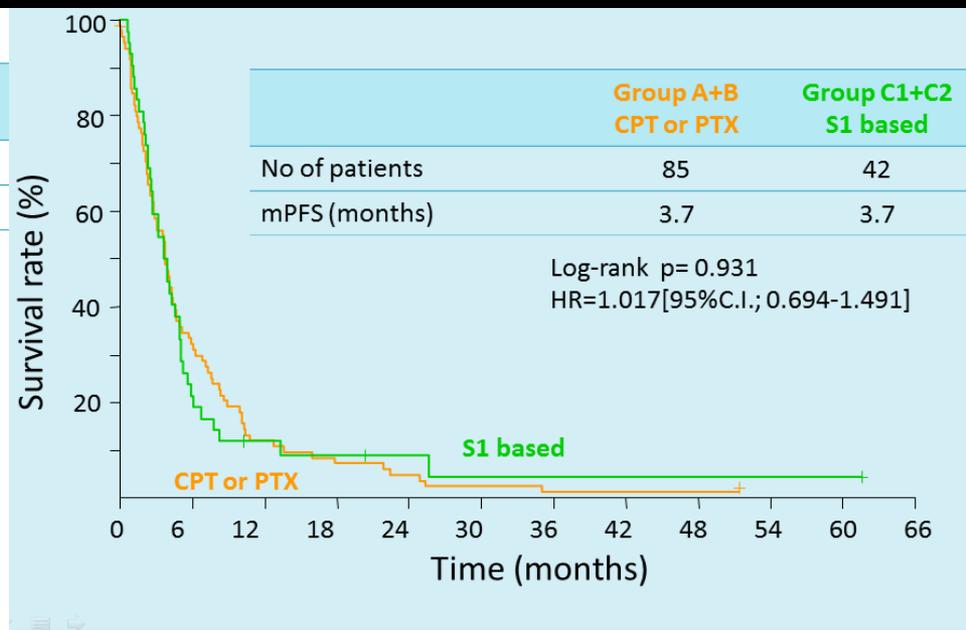
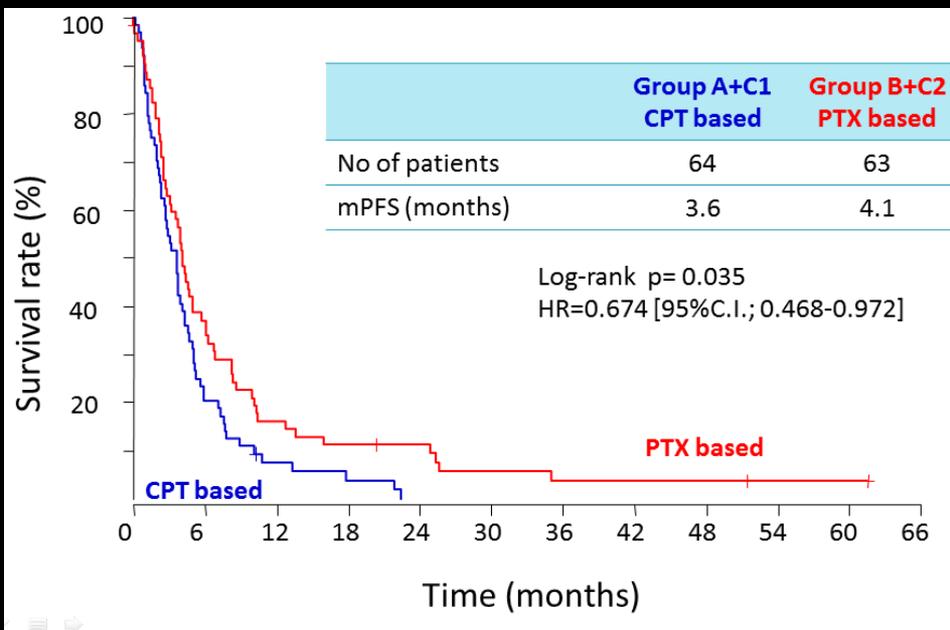
Progression-free Survival



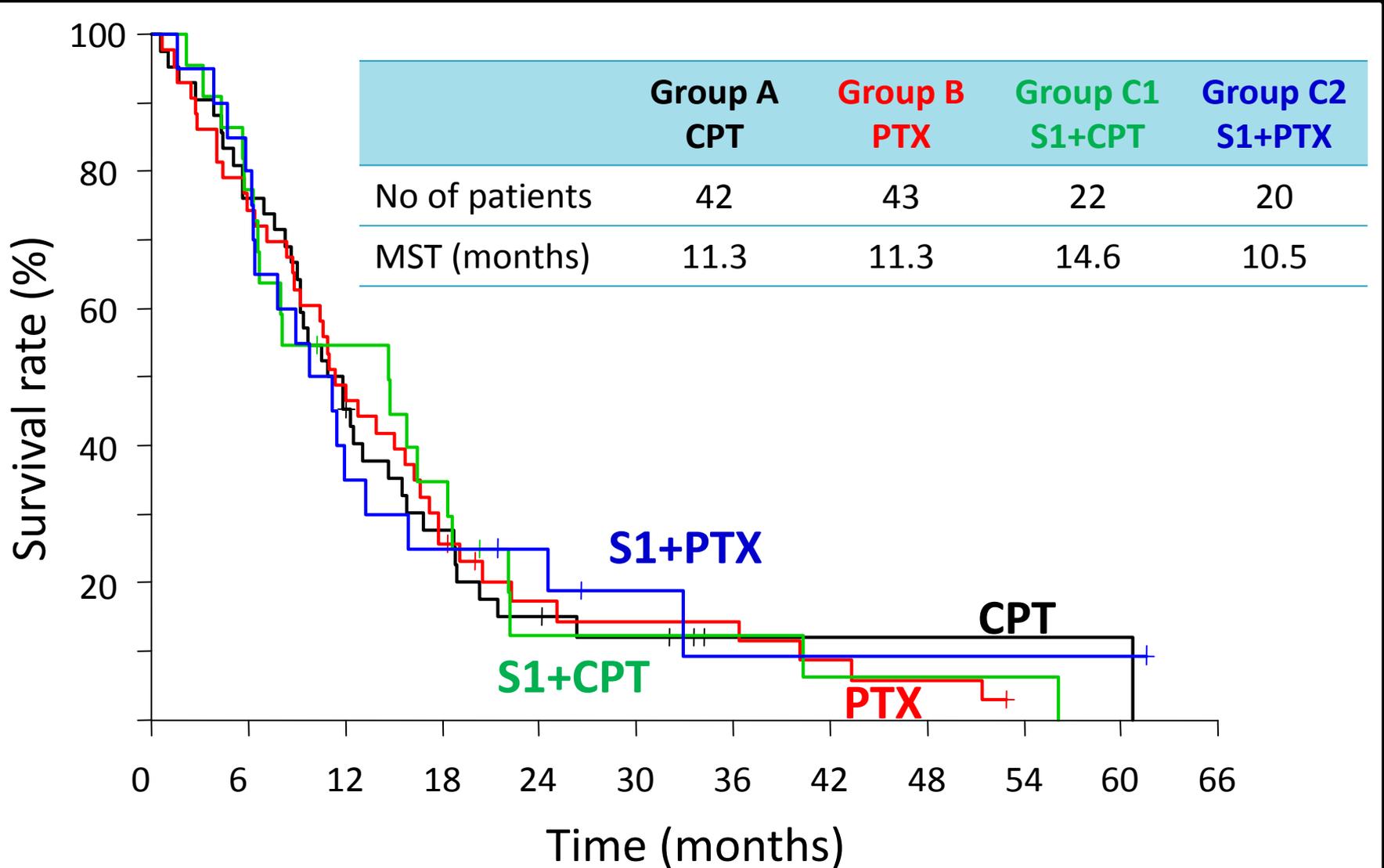
Progression-free Survival

CPT based vs PTX based

Non-SBP vs SBP

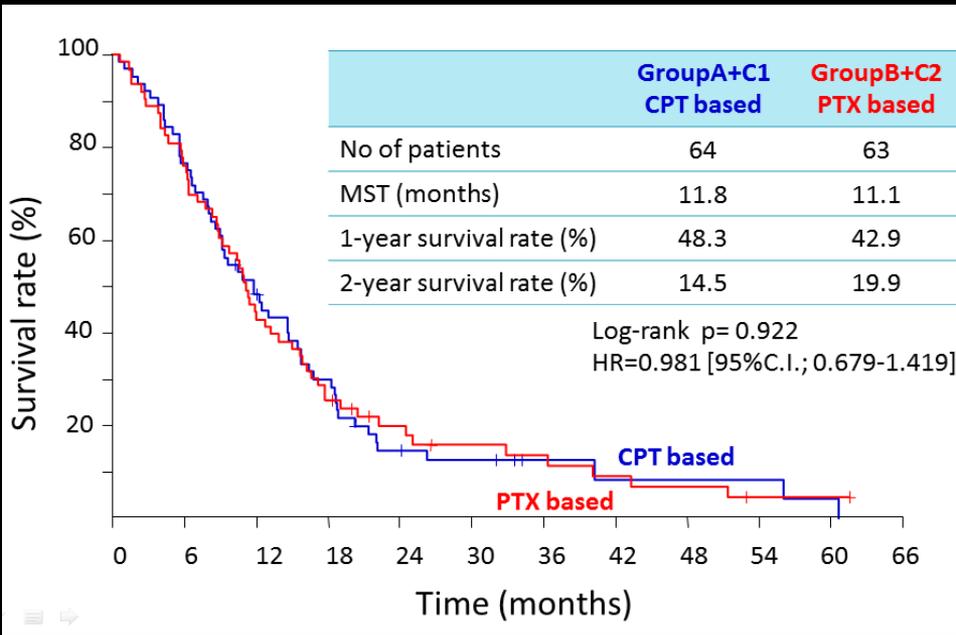


Overall Survival

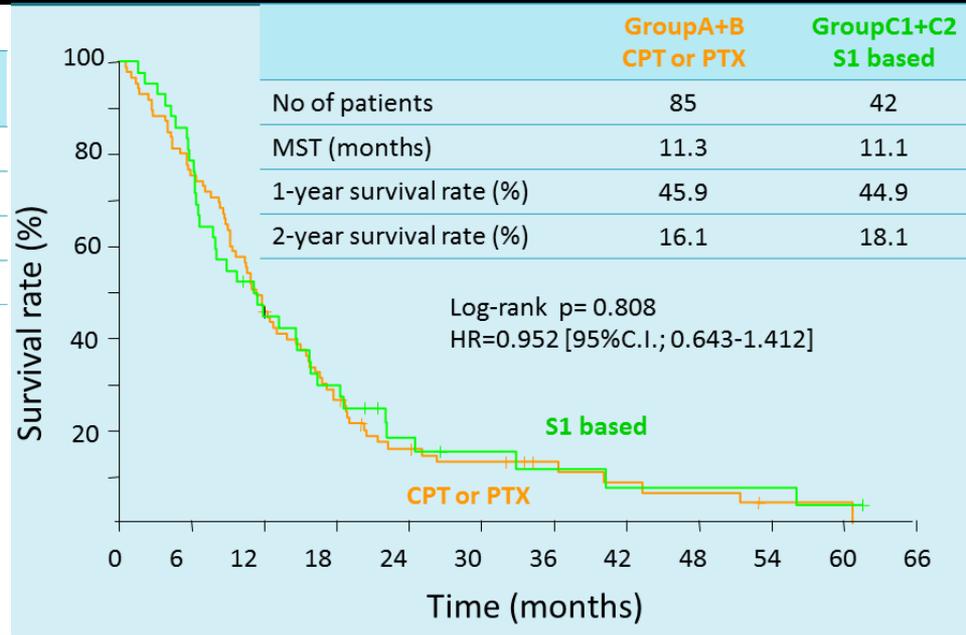


Overall Survival

CPT based vs PTX based



Non-SBP vs SBP



		No. of patients				HR [95%C.I.]	P-value
		A+B	C1+C2				
Age	Male	20	15			1.047 [0.505 , 2.171]	0.903
	Female	65	27			0.868 [0.539 , 1.398]	0.561
Age	< 65	48	17			0.787 [0.426 , 1.454]	0.444
	≥ 65	37	25			1.096 [0.632 , 1.903]	0.744
Performance status	0	21	14			1.068 [0.526 , 2.171]	0.855
	1-2	64	28			0.861 [0.533 , 1.393]	0.543
Primary lesion	Yes	42	16			1.298 [0.697 , 2.418]	0.410
	No	43	26			0.959 [0.564 , 1.632]	0.878
Histology							
	undifferentiated	35	18			1.333 [0.732 , 2.430]	0.410
	differentiated	49	23			0.771 [0.443 , 1.341]	0.878
Peritoneal metastasis	Yes	31	12			1.034 [0.507 , 2.109]	0.926
	No	54	30			0.948 [0.584 , 1.539]	0.830
The number of metastasis	0-1	59	34			0.912 [0.576 , 1.444]	0.460
	≥ 2	26	8			1.363 [0.598 , 3.109]	0.694
1st line therapy							
	TS-1	18	8			0.751 [0.310 , 1.824]	0.526
	SP	53	24			1.512 [0.900 , 2.540]	0.116
All		85	42			0.952 [0.643 - 1.412]	0.808

Non-SBP better



SBP better

Adverse Events (Hematological)

	CPT (n=42)		PTX (n=43)		S1+CPT (n=21)		S1+PTX (n=21)	
	All (%)	≥ G3 (%)	All (%)	≥ G3 (%)	All (%)	≥ G3 (%)	All (%)	≥ G3 (%)
Leukocytopenia	59.5	12.0	41.9	7.0	61.9	4.8	57.1	0
Neutropenia	71.4	28.6	44.2	16.3	66.7	23.8	61.9	23.8
Hemoglobin	85.7	7.1	74.4	9.3	76.2	14.3	90.5	14.3
Thrombocytopenia	33.3	4.8	20.9	2.3	23.8	0	19.0	4.8
Febrile neutropenia	0	0	11.6	11.6	0	0	0	0

Adverse Events (Non-hematological)

Adverse Events	CPT (n=42)		PTX (n=43)		S1+CPT (n=21)		S1+PTX (n=21)	
	All (%)	≥ G3 (%)	All (%)	≥ G3 (%)	All (%)	≥ G3 (%)	All (%)	≥ G3 (%)
Bilirubin	21.4	0	11.6	0	33.3	0	23.8	4.8
AST	21.4	2.4	30.2	4.7	23.8	0	33.3	0
ALT	19.0	2.4	23.3	2.3	23.8	0	19.0	0
Nausea	38.0	7.1	25.6	2.3	57.1	9.5	38.1	4.8
Vomiting	23.8	4.8	7.0	2.3	19.0	0	14.3	0
Anorexia	64.3	9.5	44.2	2.3	61.9	14.3	66.7	9.5
Diarrhea	40.5	4.8	11.6	0	66.7	9.5	33.3	0
Neuropathy	2.4	0	62.8	0	4.8	0	38.1	0
Fatigue	64.3	4.8	53.5	2.3	61.9	9.5	66.7	4.8

Clinical Trials in second line for AGC

	phase	1st line	Endpoint	Regimen	PFS	OS	RR	n
WJOG 4007	III	FU+ platinum	OS	CPT-11 w-PTX	2.3 3.6	8.4 9.5	14 21	223
TCOG GI-0801	III	S-1 ± α	PFS	CPT-11 <u>CPT-11+CDDP</u>	<u>3.03</u> <u>4.17</u>	10.1 10.7	16.4 21.9	130
JACCRO GC-05	II/III	S-1 ± α (≠ CPT-11)	OS	CPT-11 <u>CPT-11+S-1</u>	2.4 <u>2.4</u>	8.5 <u>8.5</u>	14.1 <u>14.1</u>	229
OGSG 0701	II	S-1 ± platinum	OS	CPT-11+S-1 C/P C/P+S-1	2.6 3.7 3.7	11.9 11.3 11.1	14.9 14.9 14.9	129
ECRIN TRICS	III	S-1 alone	OS	CPT-11 CPT-11+CDDP	4.1 4.6	12.7 13.9	15.4 16.9	168
JCOG 0407 (ascites)	II	5-FU	OS	Best available 5-FU w.PTX	2.4 3.7	7.7 7.7		100

SBP is not recommended

SBP is not recommended, too.

Conclusion

- **We do not recommend consecutive use of S1 but CPT-11 or PTX monotherapy as second-line treatment in AGC patients who are refractory to S1 or SP.**