Trial of afatinib (BIBW 2992) In suspected or confirmed Mutant EGFR Lung cancer patients unfit for chemotherapY

RATIONALE

- A single arm open label phase II trial to examine the efficacy and safety of the EGFR inhibitor drug afatinib (BIBW 2992) in non-small cell lung cancer patients with suspected or confirmed EGFR mutation considered unfit for chemotherapy.

PRIMARY ENDPOINT

- Progression free survival

SECONDARY ENDPOINTS

- Overall response
- Overall survival
- Change in performance status at 1 month
- Safety
- Progression free survival in patients aged 70 and over
- Treatment compliance

SAMPLE SIZE

- 37 Patients

BIOLOGICAL STUDY

Baseline: Collection of EDTA blood (germ-line pharmacogenomics), serum (epigenetic studies), plasma and urine for exploratory proteomic and metabonomic studies. Surplus somatic DNA and archival paraffin embedded formalin fixed diagnostic tissue will be collected if available.

On treatment: Collection of serum, plasma, and urine at intervals of 3 cycles until progression.

On progression: Final collection of serum, plasma, and urine. In addition, patients progressing will be asked to provide a biopsy of a progressive site (optional)

CURRENT TRIAL STATUS

- Trial funded by Boehringer Ingelheim Ltd
- CTAAC endorsed
- Activated

ELIGIBILITY CRITERIA - Summarised

- Any stage Non Small Cell Lung Cancer (NSCLC)
- Either:
  - Confirmed activating EGFR mutation (exons 18-21; eg L858R, exon 19 deletions, exon 20 insertions, T790M, this list is not exhaustive)

  Or
  - No tissue suitable for EGFR genotyping, failed genotype, or EGFR genotyping unavailable, and
  - NSCLC Adenocarcinoma sub-type and
  - Eligible smoking history:
    - Never smoker (<100 cigarettes in lifetime), or
    - Former smoker (stopped >1year ago and ≤10 pack-years).
- Unsuitable for or patient declining chemotherapy
- WHO PS 0-3 for confirmed EGFR mutant patients
- WHO PS 0-2 for suspected EGFR Mutant patients
- Adequate haematopoietic, hepatic and renal function
- No previous treatment with BIBW 2992, or any EGFR-directed inhibitor
- No concurrent anticancer systemic therapy
- Patient unsuitable for radical radiotherapy
- No pre-existing interstitial lung disease
- No significant or recent acute gastrointestinal abnormalities with diarrhoea as a major symptom
- No active brain metastases
- No history or presence of clinically relevant cardiovascular abnormalities

CONTACT DETAILS

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TRIAL DESIGN

Trial Patients

Patients with pathologically confirmed Non-small Cell Lung Cancer unsuitable for radical treatment or unsuitable/declining chemotherapy, with

Either:

Confirmed activating EGFR mutation (exons 18-21, list is not exhaustive) & WHO PS 0-3

Or:

No tissue suitable for EGFR genotyping, or
failed genotyping, or EGFR genotyping unavailable
Never, Ex-light smoker
Adenocarcinoma
WHO PS 0-2

(37 patients)

Treatment

PO 40mg afatinib (BIBW 2992) daily

Administered every 28 days

Until disease progression, toxicity, or patient/clinician decision

Assessments

Fortnightly for the first 2 cycles, monthly for 12 months and then 2- monthly thereafter.

After discontinuing afatinib (BIBW 2992)

2-monthly follow-up during the first 12 months from start of treatment and then 3-monthly until death/end of trial