Deputy Director's Update

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CTAC Meeting July 12, 2017

Topics for Discussion

- NCI MATCH Trial
- NCI Patient-Derived Models Repository
- Virtual Formulary
- Cancer Clinical Investigator Team Leadership Awards

NCI-MATCH Testing and Enrollment as of 6/18/17

6000 6398 patients with tumor samples (N=6000) 5000 5482 patients had received their test results 983 had a gene abnormality matching an available 4000 treatment And proceeded to be further evaluated for the specific eligibility for the arm to which they matched 3000 660 patients had enrolled for treatment 2000 **NOTE:** These are strictly numbers reflecting a point in 1000 time and cannot be used to calculate overall rates; some are assigned and still in evaluation for eligibility for an arm; estimated 72% of those assigned will enroll



Current: as of June 18, 2017

- > 25 treatment arms; ≈ 50% fully accrued; ≈ 25% well on the way;
 ≈ 25% will need additional accrual from 'rare variant study'
- > Assay success rate 94%
- > Median assay turnaround time 16 days
- > Toxicity acceptable
- > Objective responses have been observed





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FEWER than 8

MATCH = Molecular Analysis for Therapy CHoice

States with Enrollment of more than 30 patients per 1 Million Population

- Delaware
- Hawaii
- Idaho
- Maryland
- Minnesota
- Montana

- New Hampshire
- North Dakota
- Oklahoma
- South Dakota
- Wisconsin

NCI-MATCH Expanded to 25 Arms May 31, 2016

Arr	n / Target	Drugs(s)
А	EGFR mut	Afatinib
В	HER2 mut	Afatinib
C1	MET amp	Crizotinib
C2	MET ex 14 sk	Crizotinib
E	EGFR T790M	AZD9291
F	ALK transloc	Crizotinib
G	ROS1 transloc	Crizotinib
Н	BRAF V600	Dabrafenib+trametinib
Ι	PIK3CA mut	Taselisib
Ν	PTEN mut	GSK2636771
Р	PTEN loss	GSK2636771
Q	HER 2 amp	Ado-trastuzumab
		emtansine

Arm	/ Target	Drug(s)
R	BRAF nonV600	Trametinib
S1	NF1 mut	Trametinib
S2	GNAQ/GNA11	Trametinib
Т	SMO/PTCH1	Vismodegib
U	NF2 loss	Defactinib
V	cKIT mut	Sunitinib
W	FGFR1/2/3	AZD 4547
X	DDR2 mut	Dasatinib
Y	AKT1 mut	AZD 5363
Z1A	NRAS mut	Binimetinib
Z1B	CCND1,2,3 amp	Palbociclib
Z1D	dMMR	Nivolumab
Z1I	BRCA 1/2	AZD1775

Red = accrued 35 patients;

Green = nearing 35 patient





Arms added: March 13, 2017

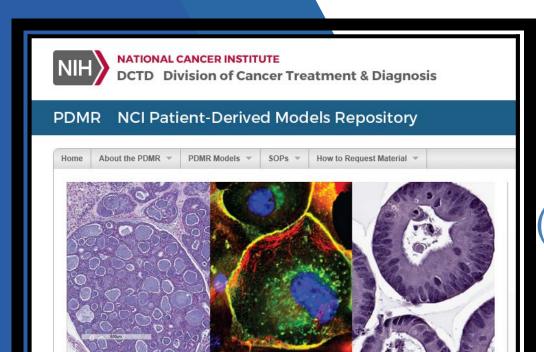
- EAY131-J: Herceptin + Perjeta/HER2 Amp (to follow Arm Q).
- EAY131-L: MLN0128/mTOR Mutations (New target)
- EAY131-M: MLN0128/TSC1/TSC2 Mutations (**New target**)
- EAY131-Z1C: Palbociclib/CDK4/CDK6 Amplification (New target)
- EAY131-Z1E: Loxo 101/NTRK Fusions (**New target**)
- EAY131-Z1I: AZD1775/BRCA1, BRCA2 mutations (New target)



Rare variant initiative (Began May 2017)

- Several arms are not expected to fill even with sequencing 6000 patient tumors, due to the rarity of the variant in the population
- However, good evidence exists these variants are drivers and may respond to drugs in NCI MATCH
- Tumor sequencing is now more commonly done in clinical practice
- Enrichment: <u>Initially</u>, four additional CLIA certified labs will participate in finding these patients and letting their doctors know they may be eligible for NCI MATCH
 - -2 commercial labs
 - Foundation Medicine Inc
 - Caris
 - 2 clinical labs (using their own, non-MATCH assay)
 - MD Anderson Cancer Center
 - Memorial Sloan Kettering Cancer Center
 - Results will be verified with the MATCH assays retrospectively
 - Soon, a process for qualifying other commercial and academic sequencing labs will be posted to encourage additional accrual to this phase of NCI-MATCH





Welcome to the NCI Patient-Derived Models Repository (PDMR)

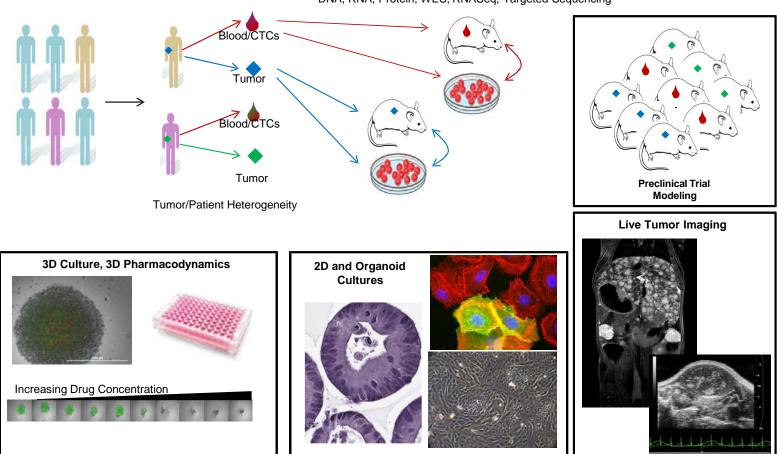
Background

The National Cancer Institute (NCI) is developing a national repository of Patient-Derived Models (PDMs) comprised of patient-derived xenografts (PDXs) and in vitro patient-derived cell cultures (PDCs), including mixed cell populations, clonal cell lines, and fibroblast cell lines, to serve as a resource for public-private partnerships and for academic drug discovery efforts. These PDMs will be clinically-annotated with molecular information available in an easily accessible database and will be available to the extramural community.

NCI's Patient-Derived Models Repository (PDMR): Open for 6 weeks

https://pdmr.nci.gov

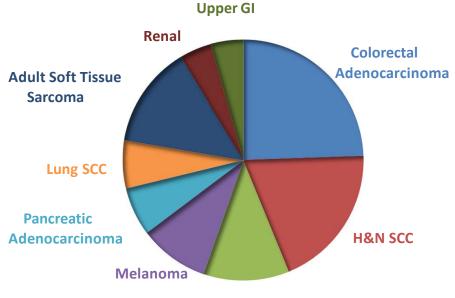
NCI Patient-Derived Models Repository: Multiple Avenues for Discovery



Develop PDX Models and PDC (Tumor & Fibroblast) Lines DNA, RNA, Protein, WES, RNASeq, Targeted Sequencing



NCI Patient-Derived Models Repository (PDMR) Initial Distribution Types



Urothelial/Bladder

- PDX Pathology Confirmed
- Whole Exome Sequence, NCI Cancer Gene Panel, and RNASeq Available
- Human Pathogen Screening and STR Profile Available
- Confirmed Re-growth from Cryopreserved Fragments

Distribution Groups (N=100 Models)			
Co	lorectal Adenocarcinoma		
He	ad & Neck Squamous Cell Carcinoma		
•	Pharyngeal, Laryngeal, Lip/oral cavity, NOS		
Ur	othelial/Bladder		
Me	elanoma		
Pa	ncreatic Adenocarcinoma		
	ng Squamous Cell Carcinoma		
Lu	ng oquanious oen oaronionia		
	lult Soft Tissue Sarcoma		
	lult Soft Tissue Sarcoma		
	Iult Soft Tissue Sarcoma Ewings, Leiomyosarcoma, Malignant fibro. histiocytoma, Fibrosarcoma, Non-		
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Ac • Re	Iult Soft Tissue Sarcoma Ewings, Leiomyosarcoma, Malignant fibro. histiocytoma, Fibrosarcoma, Non- Rhabdosarcoma NOS, Rhabdosarcoma NOS		



NCI Virtual Drug Formulary

- Access to investigational drugs for investigator initiated studies is difficult and time consuming, often the cost-benefit of negotiating an agreement with a Pharmaceutical Collaborator is prohibitive or so difficult and time consuming that the study is never initiated.
- This process is especially burdensome for multi-agent combinatorial studies, and more burdensome still when one or both of those agents are investigational and proprietary to different collaborators.
- Major roadblock to precision medicine clinical trials

NCI Virtual Drug Formulary: Development

- Created a system within the NCI that leverages our existing mechanisms to provide PIs with Investigational agents <u>for investigator held INDs</u>
- The program:
 - ✓ Agent menu; 8 week turn-around time for Pharma review (approval or not) of proposals
 - Utilizes pre-existing agreements/infrastructure that current Pharmaceutical Collaborators are already familiar with
- Agents provided for <u>both clinical and pre-clinical studies</u>
- INDs held by investigators/institutions, not CTEP/NCI; no NCI funding for trials
- Agreement terms standardized or pre-approved so as to substantially decrease the transactional costs of study initiation; NCI funds drug distribution and tracking of trials
- Launched January 2017; As of May 2017: **26** agents from **7** companies:

<u>A</u>gents: Alectinib; Atezolizumab; Bevacizumab; Cobimetinib; Durvalumab; Ensartinib; Ipilimumab; Larotrectinib; LY3039478; Mogamulizumab; Nivolumab; Obinutuzumab; Pertuzumab; Prexasertib; Savolitinib; Selumetinib; Trastuzumab; Tremelimumab; Vemurafenib; Vismodegib; Vistusertib; AZD1775; AZD5069; AZD5363; AZD8186; MEDI9447

<u>C</u>ompanies: Bristol-Myers Squibb; Eli Lilly; Genentech; Astra-Zeneca; Kyowa Hakko Kirin; Loxo; Xcovery



- Recognize and support outstanding clinical investigators at NCI-designated Cancer Centers who are actively engaged in NCI-funded collaborative clinical trials.
- Promote the retention of clinical investigators in academic clinical research careers.

- \$60,000 per year for 2 years
- 15% effort; time protected by sponsoring institution
- Candidate nominated by NCI Cancer Center Director
- 10 to 13 new awards per year
- First awards made in 2009; 102 recipients to date
- 93% (43/46) remain at NCI-Designated Cancer Center
 5 years after award

Supported Activities Include, but Not Limited to:

- Engaging fellows and new faculty in collaborative clinical research efforts
- Mentoring
- Organizing courses, lecture/seminar series, educational sessions, or workshops related to clinical trials
- Participating on cancer center committees related to clinical trials
- Developing a clinical trial
- Designing and implementing initiatives to better coordinate, support and integrate clinical trials efforts at the institution

Eligibility

- Engaged in conducting NCI-funded cancer clinical trials
- Practicing at least 3 years but no more than 8 years postfellowship
- Currently practicing in the oncology clinical setting; board certified
- Full-time faculty member, assistant or associate professor level
- Physician or oncology nurse, clinical psychologist, or similarly qualified clinician with a doctoral degree

2017 Cancer Clinical Investigator Team Leadership Award Recipients

2017 Recipients' Focus Areas

- Breast cancer
- Gastrointestinal cancers
- Genitourinary cancers
- Gynecological cancers
- Leukemia
- Melanoma
- Palliative care/symptom science
- Inclusion of underserved populations in clinical trials





Ajjai Alva, M.D., M.S. University of Michigan Comprehensive Cancer Center Focus: Genitourinary cancers



Lisa Barroilhet, M.D. University of Wisconsin Carbone Cancer Center Focus: Gynecologic cancers



Ursa Brown-Glaberman, M.D. University of New Mexico Comprehensive Cancer Center Focus: Breast cancer



Shira Dinner, M.D.

Robert H. Lurie Comprehensive Cancer Center Northwestern University

Focus: Leukemia



Jean Hoffman-Censits, M.D. Sidney Kimmel Cancer Center Thomas Jefferson University Focus: Bladder and prostate cancers



Kevin Kalinsky, M.D., M.S.

Herbert Irving Comprehensive Cancer Center Columbia University

Focus: Breast cancer



Christopher Lieu, M.D. University of Colorado Comprehensive Cancer Center Focus: Colorectal cancer



Rahul Parikh, M.D., Ph.D. University of Pittsburgh Cancer Institute Focus: Bladder cancer



Eric Roeland, M.D.

Moores Comprehensive Cancer Center University of California, San Diego

Focus: Symptom intervention / palliative care (all cancers), gastrointestinal cancers



April Salama, M.D.

Duke Cancer Institute, Duke University Medical Center Focus: Melanoma Congratulations to the 2017 NCI Cancer Clinical Investigator Team Leadership Award Recipients



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