U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health Clinical Trials Advisory Committee Program Overview and update:

NCI Experimental Therapeutics Clinical Trials Network(ETCTN)

Presenter, Percy Ivy, MD Program Director Investigational Drug Branch Cancer Therapy Evaluation Program

> Steve Reeves, PhD Program Director CCCT

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ETCTN Formation 2013-2024



U01 funding mechanism

Experimental Therapeutics Clinical Trials Network (ETCTN) UM1 funding mechanism

Transformation to ETCTN

- Transforming the NCI Experimental Therapeutics Development (ETD) Program into the ETCTN required a complete redesign of NCI's clinical research program
- Release of the Funding Opportunity Announcement (FOA) (March 1, 2014).
 - Strengthen GCP standards further in the clinical trial operations in the ETCTN
 - Develop and implement a **new, centralized infrastructure**
 - Incorporate **team science** into the drug development process
 - Develop a **collaborative** process involving the **extramural community**
 - Add scientific rigor to biomarker incorporation into clinical trials; biomarker assay review process (BRC) was developed and implemented

ETCTN Program Organizational Structure





Goals for ETCTN - Period 1 (2014 - 2020)

Research, development and improvement of cancer treatments 🌟

- Advance the **clinical development of NCI-IND agents** with early phase studies (*Complementary collaboration with pharma partners*)
- Determine dose, schedule and sequence for NCI-IND agents and combination regimens
- Perform **disease-specific activity** studies of NCI-IND-agents and combinations (*Prioritize cancers and cancer subsets where industry is not investing*)

Biomarker and cancer biology-driven studies using patient derived specimens \star

- Acquire high quality patient tumor specimens for correlative studies
- Incorporate fit-for-purpose PD/biomarker assays into ETCTN trials

Career enhancement for early career investigators

- Experience leading clinical trials in the ETCTN
- Play a significant role on the drug development Project Teams

ETCTN Participating Sites



ETCTN drug development project teams



- Extensive extramural involvement
- Reflects heavy emphasis on career development
- Drug development and CRADA negotiations occur in parallel
- Unsolicited LOIs accepted after Project Team deliberations

DDP teams (26): (Agents thru NExT)

- AT13387 (onalespib) (HSP90i)
- •Osimertinib (AZD9291, T790M EGFRi)
- Rad-223 (radiopharmaceutical)
- Ixazomib (proteasome i)
- Pevonedistat (NEDD8i)
- Rociletinib (CO-1686; EGFR) M3814 (DNA-PKi)
- VX970 (ATRi)
- Durvalumab (PD-L1i)
- •Atezolizumab (PD-L1i)
- •T-VEC (Talimogene laherparepvec, oncolytic virus)
- •AMG-232 (mdm2i)
- Anetumab ravtansine (BAY 94-9343, anti-mesothelin)
- Copanlisib (BAY 80-6946, PI3Ki)
- CB839 (glutaminase)

- Rogaratinib (FGFR; preclinical
- and clinical teams)
- •DS8201a (HER2)
- •Hu5F9-G4 (anti-CD47)
- GMI-1271 (preclinical; Eselectin)
- Elimusertib (BAY 1895344) (ATR)
- Abemaciclib (CDK4/6i)
- Ipatasertib (ATR)
- •Selinexor (XPO1)
- CBX-12 (TOPO1)
- Pidnarulex (G4 Stabilizer



*Proposals outside the initial DDP for this agent(s)

High priority targets and NCI/DCTD/CTEP agents **CTEP AGENTS** CD105 Broad range of **TRC105** EGF-R bevacizumab **IGF-1R** T-cell cetuximab Radiopharmaceuticals agents **VEGF** Trap AMG479 amivantamab Lu177 addressing: VEGF NTRK interleukin-12 Ra223 larotrectinib interleukin-15 Sn117 HER2 Ac225 nemvaleukin alfa **VEGF-R** other trastuzumab deruxtecan (IL2R) receptors c-Kit sunitinib Signal • sorafenib sorafenib Raf Bcr Transduction ERa/estrogen sunitinib SRC Abl Ras z-endoxifen cediranib Surface antigens/ GDC-9545 osimertinib AR **IRAK4** sorafenib membrane proteins IL signaling darolutamide CA-4948 Cell cycle ٠ sotorasib dabrafenib brentuximab vedotin (CD30) saracatinib **PDGFR** inavolisib blinatumomab (CD19:CD3) LAG3 P13K tovorafenib sunitinib relatlimab copanlisib CDX-1140 (CD40) cediranib fianlimab PARP glofitamab (CD20:CD3) **DNA Repair** ٠ capivasertib FIt3,RET olaparib Akt dinutuximab (GD2) **PD1/L1** BTK MEK trametinib sorafenib ipatasertib nivolumab talazoparib GMI-1271 (E-selectin) pembrolizumab **DNA-PK** selumetinib mogamulizumab (CCR4) FGFR1 durvalumab M3814 cediranaib cobimetinib mosunetuzumab (CD20:CD3) belinostat cemiplimab VXc-984 Apoptosis teclistamab (BCMA:CD3) BTK ٠ mirdametinib ibrutinib **Topoisomerases** ibrutinib atezolizumab varlilumab (CD27) **BER pathway** acalabrutinib Modulation pelcitoclax **CBX-12** Met CTLA44 BCL-2 **TRC-102 CDKs** venetoclax ATR METXMET ipilimumab abemaciclib **G-Quadruplexes** sapanisertib AZD6738 TIGIT savolitinib cirtuvivint pidnarulex M1774 tivantinib tiragolumab Epigenetic • BET XIAP cabozantinib/ M6620 mTOR **IMiDs** tolinapant-Targets pomalidomide Methylation inh. **ZEN-3694 Proteasome** iberdomide decitabine+ EZH2 bortezomib cedazuridine

Angiogenesis

Survival/

Proliferation

Migration/

invasion

Glutaminase

telaglenastat

Apoptosis

Nuclear

eltanexor

selinexor

Export/Import

ixazomib

DNA synthesis

idUrd Prodrug

triapine

Protein

turnover

Mitosis

meziadomide

Immuno-

modulation

tazemetostat

Pol Theta

DNA repair &

epigenetics

novobiocin

- Angiogenesis •
- ٠ Immunomodulation

Disease Focused Clinical Investigators (D-FCI)

- D-FCI webinars are intended to enhance investigator collaborations for the conduct of ETCTN sponsored cancer clinical research studies.
- Since November 2020; Webinars held every 3 4 months
- Disease focused groups (11):
 - Women malignancies
 - Brain
 - Lymphoma/Myeloma
 - Leukemia
 - GU
 - GI

- Sarcoma
- Skin and other
 - melanoma
- Thoracic
- Head and Neck
- Solid tumor/Phase I
- Pairing mentors and early career investigators to chair the disease focused group webinars

Goals for the current Project Period 2 (2020-2026)

- 1. Compete more effectively for patients 🜟
 - Encourage multiple PI applications
 - At least one PI should be a Phase 1 investigator
 - Identified key investigators responsible for disease-specific accrual; 4 for LAO and 2 for AO
 - Partial salary support for each team member
 - **Performance criteria** outlined in Terms of Award
- 2. Improve quality of biopsy specimens
 - Interventional Radiologist and Research Pathologist for acquisition of high-quality specimens with partial salary support and performance criteria
- 3. Enhance use of validated biomarker assays 🜟
 - Use of NCI resources: National Clinical Laboratory Network (MoCha, PADIS, CIMACs) and Biorepository and accessioning center
 - Scale back laboratory developed assays
 - Develop PK/PD reference laboratories

ETCTN Program Proposed Organizational Structure: Specialized Teams



CATCH-UP.2020:

Preliminary work to enhance accrual of underserved/ underrepresented patient populations (UUPPs) to ETCTN clinical trials

- Congressional budget line item-mandated supplement to <u>NCI Cancer Center Support Grants</u> to accrue <u>underserved populations to ETCTN trials</u>
- 24 accruals/site; **at least 50% must be underserved patients** (access, barriers & familiarity with health care delivery system)
- One year of funding; VERY SHORT TIMELINE

Centers	Trials activated (in 1-2 months)	Screened patients	Enrolled patients	% underserved / underrepresented
8	111	571	373	51%

 Best practices established: 1) motivated investigators, 2) work with Community Outreach Offices, 3) patient navigators/ community immersion, 4) telemedicine & 5) genomic data screening.

ETCTN accrual by race and ethnicitycurrent Inclusion /Enrollment



Equity-Focused Clinical Investigator Teams

- Building on CATCH-UP success and using best practices and lessons learned
- ETCTN UM1 supplements:
 - Absorb highest performing CATCH-UP centers into LAOs
 - Yale- U. Kansas
 - JHMI- Wake Forest
 - Princess Margaret: U Miami
 - UPMC: UC Irvine
 - Enable these sites to **develop additional teams** under CATCH-UP "parent"
- Establish **E-FCIs in LAOs** which did not absorb CATCH-UP sites
 - DFCI

ETCTN Interventional Accrual (Q1 2020 – Q1 2001 2024) Project Period 2



ETCTN Intervention Accrual by Year and Trial Phase



Project Period 1

Project Period 2

Investigational Agent Combination Trials (118)



ETCTN Phase 1 and 1 / 2 novel combination studies (170)



ETCTN Accomplishments

- New agent development
 - Evaluate new molecular entity
 - First in human, combinations and studies demonstrating activity
 - Immuno-oncology agents
- ECIs increased from 27 (<u>26%</u> of all protocols) to 40 (<u>45 %</u> of all protocols)
- Biomarkers and biopsies
 - Codified the use of biomarker assays- technically & clinically validated; fit-forpurpose; NCLN
 - Uniformly categorized the types of biomarkers used in early clinical trialsintegral, integrated, exploratory
 - Determined when optional vs. mandatory biopsies are performed based on biomarker type
 - General metrics improved

Status of Biomarker Analysis for the 109 ETCTN Trials Using the EET Biobank

Glimpse of Specimen Analysis Status for ETCTN Trials Using the EET Biobank

Finished Accrual Still Accruing



Biomarkers and Biopsies in ETCTN Studies (109 trials)



Thank you