A Phase 3 Open-Label, Randomized, Controlled, Global Study of Telisotuzumab Vedotin (ABBV-399) Versus Docetaxel in Subjects with Previously Treated c-Met Overexpressing, EGFR Wildtype, Locally Advanced/Metastatic Non-Squamous Non-Small Cell Lung Cancer

Published: 27-01-2022
Last updated: 14-09-2024

This study has been transitioned to CTIS with ID 2023-505749-14-00 check the CTIS register for the current data. The purpose of this study is to determine if telisotuzumab vedotin works better than docetaxel and to assess how safe telisotuzumab...

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Respiratory and mediastinal neoplasms malignant and unspecified
Study type	Interventional

Summary

ID

NL-OMON54008

Source
ToetsingOnline

Brief title
M18-868

Condition

- Respiratory and mediastinal neoplasms malignant and unspecified

Synonym
lungcarcinoma, Non small cell lung cancer

Research involving
Human

Sponsors and support

Primary sponsor: AbbVie B.V.
Source(s) of monetary or material Support: AbbVie

Intervention

Keyword: c-MET, EGFR Wildtype, Locally Advanced/Metastatic, Non-small Cell Lung Cancer (NSCLC)

Outcome measures

Primary outcome

- Progression-Free Survival (PFS) per Independent Central Review (ICR)

- Overall Survival (OS)

Secondary outcome

- Duration of Response (DoR)

- Time to Deterioration in Cough, Pain or Dyspnea as measured by the Cough,

Pain and Dyspnea items of the European Organization for Research and Treatment

of Cancer Quality of Life Questionnaire Lung Cancer Module 13 (EORTC QLQ-LC13)

- Change from Baseline in Quality of Life as measured by the Global Health

Status/Quality of Life Domain of the EORTC QLQ-C30

- Objective Response Rate (ORR)

- Time to Deterioration of Physical Functioning as measured by the Physical

Functioning domain of the EORTC-QLQ-Core 30 (EORTC QLQ-C30)

- PFS per Investigator Assessment

Study description

Background summary

Cancer is a condition where cells in a specific part of body grow and reproduce uncontrollably. Non-small cell lung cancer (NSCLC) is a solid tumor, a disease in which cancer cells form in the tissues of the lung.

Study objective

This study has been transitioned to CTIS with ID 2023-505749-14-00 check the CTIS register for the current data.

The purpose of this study is to determine if telisotuzumab vedotin works better than docetaxel and to assess how safe telisotuzumab vedotin is in adult participants with NSCLC who have previously been treated. Change in disease activity and adverse events will be assessed.

Study design

This is a phase 3 open-label, randomized, controlled, global study of telisotuzumab vedotin (ABBV-399) versus docetaxel.

Intervention

Participants will receive IV telisotuzumab vedotin every 2 weeks or docetaxel every 3 weeks until meeting study drug discontinuation criteria.

Study burden and risks

There may be higher treatment burden for participants in this trial compared to their standard of care. Participants will attend regular visits during the study at a hospital or clinic. The effect of the treatment will be checked by medical assessments, blood tests, checking for side effects and completing questionnaires.

Contacts

Public
AbbVie B.V.

Wegalaan 9

Hoofddorp 2132 JD
NL
Scientific
AbbVie B.V.

Wegalaan 9
Hoofddorp 2132 JD
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)

Inclusion criteria

• Subject must have c-Met overexpressing NSCLC as assessed by an AbbVie designated IHC laboratory using the VENTANA MET (SP44) RxDx assay.
• Archival or fresh tumor material must be submitted for assessment of c-Met levels by an AbbVie designated IHC laboratory during the Pre-Screening period. Tumor material from the primary tumor site and/or metastatic sites are allowed. If archival tissue is negative for c-Met overexpression, fresh biopsy material may be submitted for reassessment of c-Met expression. - If a participant was prescreened for Study M14-239 but did not enroll, tumor material previously submitted for Study M14-239 may be used for Study M18-868 Pre-Screening upon confirmation from AbbVie that sufficient evaluable tumor material is available (Except China).
• Subject has adequate bone marrow, renal, and hepatic function
• Subject must have histologically documented non-squamous cell NSCLC that is locally advanced or metastatic.
• Subjects must have a known EGFR activating mutation status.
-Subjects with actionable EGFR activating mutations are not eligible.
• Subjects with actionable alterations in genes other than EGFR are eligible.
• Subject must have measurable disease per RECIST version 1.1.
• Subject must have an Eastern Cooperative Oncology Group (ECOG) Performance Status of 0 to 1.

• Subject must have received no more than 1 line of prior systemic cytotoxic chemotherapy in the locally advanced or metastatic setting.
-Neoadjuvant and adjuvant systemic cytotoxic chemotherapy would count as a prior line for eligibility purposes if progression occurred within 6 months of the end of therapy.
• Subject must have progressed on at least 1 line of prior therapy for locally advanced/metastatic NSCLC:
- Subjects WITHOUT an actionable gene alteration: subjects must have progressed on (or be considered ineligible for) platinum-based chemotherapy and immune checkpoint inhibitor (as monotherapy or in combination with chemotherapy).
- Subjects WITH an actionable gene alteration for which immune checkpoint inhibitor therapy is not standard of care (e.g., anaplastic lymphoma kinase [ALK] translocation): subjects must have progressed on (or be considered ineligible for) anti-cancer therapy targeting driver gene alterations and platinum-based chemotherapy.
- Subjects with actionable gene alterations for which immune checkpoint inhibitor is standard of care must have also progressed on (or be considered ineligible for) immune checkpoint inhibitor (as monotherapy or in combination with chemotherapy).
• Subject must be considered appropriate for docetaxel therapy based on the assessment of the treating physician.
• No known active severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection. If a subject has signs/symptoms suggestive of SARS-CoV-2 infection, the subject must have a negative molecular (e.g., polymerase chain reaction [PCR]) test or 2 negative antigen test results at least 24 hours apart. In addition, if based on the answers to the SARS-CoV-2 Infection Risk Assessment Tool the site considers the subject currently at risk for developing SARS-CoV-2 infection, then the subject should either be tested or advised to come back for study screening after 14 days. Subject must not have had any serious SARS-CoV-2 infection that required mechanical ventilation/endotracheal intubation or extracorporeal membrane oxygenation (ECMO) support in the past 6 months, or long-term complications from SARS-CoV-2 infection that are not resolved at the time of prescreening.
• Subjects who do not meet SARS-CoV-2 infection eligibility criteria must be screen failed and may only rescreen for the study after they meet the SARS-CoV-2 infection viral clearance criteria listed in the protocol.

Exclusion criteria

• Subject has adenosquamous histology.
• Subject has received prior c-Met-targeted antibodies, prior telisotuzumab vedotin, or prior antibody-drug conjugates either targeting c-Met or consisting of monomethylauristatin E.
• Subject has received prior docetaxel therapy.

• Subjects with metastases to the central nervous system (CNS) are eligible only after definitive therapy (such as surgery or radiotherapy) is provided and:
- There is no evidence of progression of CNS metastases at least 2 weeks after definitive therapy.
- They are asymptomatic and off or on a stable or reducing dose of systemic steroids and/or anticonvulsants for at least 2 weeks prior to first dose of telisotuzumab vedotin.
• Subjects with a history of other malignancies except:
- Malignancy treated with curative intent and with no known active disease present for >= 2 years before the first dose of study drug and felt to be at low risk for recurrence by investigator.
- Adequately treated non-melanoma skin cancer or lentigo maligna without evidence of disease.
- Adequately treated carcinoma in situ without current evidence of disease.
• Subject with a history of idiopathic pulmonary fibrosis, organizing pneumonia (e.g., bronchiolitis obliterans), drug-induced pneumonitis, or idiopathic pneumonitis, or evidence of active pneumonitis on screening chest CT scan.
• History of prior radiation pneumonitis in the radiation field (fibrosis) is permitted.
• Subject with unresolved AE >= Grade 2 from prior anticancer therapy, except for alopecia or anemia.
• Subject has had major surgery within 21 days prior to the first dose of telisotuzumab vedotin.
• Subjects with the following:
- Known human immunodeficiency virus (HIV) infection. Note: HIV testing is not required for eligibility for this protocol unless mandated by local regulatory authority or ethics committee/institutional review board.
- Active hepatitis B virus (HBV) infection, defined by HBV DNA >= 500 IU/mL or hepatitis B surface antigen (HBsAG) positivity associated with HBV DNA >= 500 IU/mL. In subjects with known HBV infection, the presence of active infection must be tested locally. If HBV status is unknown, it must be tested locally at screening if required by local regulatory authority or ethics committee/institutional review board.
- Active hepatitis C virus (HCV) infection, defined by HCV RNA positivity. Subjects cured of HCV infection may be included in the study. In subjects with known HCV infection, the presence of active infection must be tested locally. If HCV status is unknown, it must be tested locally at screening if required by local regulatory authority or ethics committee/institutional review board.
- Uncontrolled autoimmune disease.
• Subject has clinically significant condition(s) including but not limited to the following:
- Clinically significant vascular disease, including:
- Myocardial infarction within 1 year or stroke within 6 months prior to first dose of study drug, or unstable or uncontrolled disease/condition related to or affecting cardiac function (e.g., unstable angina, congestive heart failure, New York Heart Association Class III-IV), cardiac arrhythmia (CTCAE Version 5 Grade 2 or higher), or clinically

significant electrocardiogram (ECG) abnormalities.
- Screening 12-lead ECG showing a baseline QT interval as corrected by Fridericia's formula (QTcF) > 470 msec.
- Clinically significant liver disease, including hepatitis, current alcohol abuse, or cirrhosis.
- Grade >= 2 edema or lymphedema.
- Grade >= 2 ascites or pleural effusion.
- Grade >= 2 neuropathy.
- Active uncontrolled bacterial or viral infection.
- Active corneal disorder
• Subject has a history of major immunologic reaction to any immunoglobulin G (IgG)-containing agent. Subject has hypersensitivity to docetaxel or polysorbate 80.
• Subjects have received any live vaccine within 30 days of the first dose of study drug.
• Treatment with any of the following therapies within the noted time intervals prior to the first dose of telisotuzumab vedotin:
- Within 1 week (7 days): herbal therapy or strong cytochrome P450 3A4 (CYP3A4) inhibitors.
- Within 2 weeks (14 days): small molecule targeted agents with half-life < 7 days; radiation not involving the lungs.
- Within 4 weeks (28 days) or 5 half-lives (whichever is shorter): systemic cytotoxic chemotherapy; small molecule targeted agents with half-life >= 7 days; monoclonal antibodies, antibody-drug conjugates, radioimmunoconjugates, or T-cell or other cell-based therapies.
• Subjects must not have had radiation therapy to the lung within 6 months prior to the first dose of study drug and until study drug is permanently discontinued.

Study design

Design

Study phase:	3
Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	12-01-2023
Enrollment:	4
Type:	Actual

Medical products/devices used

Product type:	Medicine
Brand name:	Taxotere®
Generic name:	Docetaxel
Registration:	Yes - NL intended use
Product type:	Medicine
Brand name:	Telisotuzumab Vedotin
Generic name:	ABBV-399

Ethics review

Approved WMO Date:	27-01-2022
Application type:	First submission
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	22-04-2022
Application type:	First submission
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	17-05-2022
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	05-07-2022

Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	16-11-2022
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	22-12-2022
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	28-01-2023
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	30-03-2023
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	13-05-2023
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)
Approved WMO Date:	21-06-2023
Application type:	Amendment
Review commission:	BEBO: Stichting Beoordeling Ethiek Bio-Medisch Onderzoek (Assen)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
EU-CTR	CTIS2023-505749-14-00
EudraCT	EUCTR2021-001811-94-NL
ClinicalTrials.gov	NCT04928846
CCMO	NL78520.056.21