Object: EUDRACT 2012-003590-25(HER-URO01) _ prematurely ended trial Principal Investigator: A. Necchi

The primary objective of the HER-URO001study was to evaluate the antitumor activity of DacomitinibPF-299804 monotherapy until surgical removal of nodal disease (locally-advanced setting) or until disease progression or onset of unacceptable toxicity (metastatic setting).A Simons's optimal two-stage design was applied. The primary endpoint is the proportion of patients achieving a response at 2-months. By considering the expected single-agent activity in this disease, the 20% benchmark rate will be adopted as H1 hypothesis, while a 5% rate of H0 hypothesis will be taken as comparator. In stage 1, 12 evaluable patients will be accrued. If 1 patient at least will be responding, enrolment will be extended to the 2ndstage for further 25 patients. If, out of the total of 37 patients, 4 at least will be responding, treatment will be declared worthy for further investigations. Maximum overall accrual is 37 patients. Type I and type II error rates will be set both at the 10% level.From June 2013 to October 2016, 28 patients were treated. Eight (28.6%) had visceral metastases, 14 (50%) had pelvic and 17 (60.7%) clinically involved bilateral lymph nodes. One complete and eight partial responses were obtained (ORR 32.1%, 80% credibility interval 21.0-43.0%). The median (interquartile range [IQR]) follow-up duration was 19.8 (6.3-25.7) months; 12-month progression-free survival was 26.2% (95% confidence interval [CI] 13.2-51.9); 12-month overall survival (OS) was 54.9% (95% CI 36.4-82.8). The median (IQR) OS of locally advanced patients was 20 (11.1-not reached) months. The Bayesian PP ofexceeding the 20% ORR target was 92.3%.Although the evaluation of the pathological response to dacomitinib may be more challenging compared to chemotherapy(TIP), it was poor in our present study. In fact, we did not observe any pathological complete responses, compared to an average of 10–12% pathological complete response achieved with the most active chemotherapy regimens. Hence, according to study design, accrual was stoppedComplete data of HER-URO01study have been published in BJU International. 2018 Mar;121(3):348-356.doi: 10.1111/bju.14013.

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