Clinical trial results:
Panitumimab in combination with radiotherapy in patients with locally advanced RAS wildtype rectal cancer (clinical stages II and III)

Summary

EudraCT number	2009-016782-28
Trial protocol	DE
Global end of trial date	18 December 2015

Results information

Result version number	v1 (current)
This version publication date	02 June 2024
First version publication date	02 June 2024

Trial information

Trial identification

Sponsor protocol code	GMIHO-009/2009/AG52

Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	NCT01257360
WHO universal trial number (UTN)	-

Notes:

Sponsors

Sponsor organisation name	GMIHO Gesellschaft für Medizinische Innovation – Hämatologie und Onkologie mbH
Sponsor organisation address	Almstadtstrasse 7, Berlin, Germany, 10119
Public contact	Medical Consulting, GMIHO Gesellschaft für Medizinische Innovation – Hämatologie und Onkologie mbH, +49 35125933100, info@gmiho.de
Scientific contact	Medical Consulting, GMIHO Gesellschaft für Medizinische Innovation – Hämatologie und Onkologie mbH, +49 35125933100, info@gmiho.de

Notes:

Paediatric regulatory details

Is trial part of an agreed paediatric investigation plan (PIP)	No
Does article 45 of REGULATION (EC) No 1901/2006 apply to this trial?	No
Does article 46 of REGULATION (EC) No 1901/2006 apply to this trial?	No

Notes:

Results analysis stage

Analysis stage	Final
Date of interim/final analysis	19 October 2016
Is this the analysis of the primary completion data?	Yes
Primary completion date	18 December 2015
Global end of trial reached?	Yes
Global end of trial date	18 December 2015
Was the trial ended prematurely?	No

Notes:

General information about the trial

Main objective of the trial:

The primary objective of the study is to estimate the efficacy of panitumumab concurrent to radiotherapy in patients with wild-type RAS. The rate of pathological complete remissions will be compared to expectations derived from historical data.

Protection of trial subjects:

A Data Safety and Monitoring Board will be established, consisting of two experts in medical oncology specializing in rectal cancer, and a statistical expert.
The DSMB will receive regular information on safety results of the trial, namely a list of reported SAEs/SUSARs. A formal interim analysis report on safety, based on the data of the first ten patients enrolled, will be presented to the DSMB in order to decide on the feasibility and continuation of the study. Details on the work of the board will be described in a specific DSMB charter, to be jointly agreed upon by the board and the sponsor.

Background therapy: -

Evidence for comparator: -

Actual start date of recruitment	18 February 2011
Long term follow-up planned	No
Independent data monitoring committee (IDMC) involvement?	Yes

Notes:

Population of trial subjects

Subjects enrolled per country

Country: Number of subjects enrolled	Germany: 54
Worldwide total number of subjects	54
EEA total number of subjects	54

Notes:

Subjects enrolled per age group

In utero	0
Preterm newborn - gestational age < 37 wk	0
Newborns (0-27 days)	0
Infants and toddlers (28 days-23 months)	0
Children (2-11 years)	0
Adolescents (12-17 years)	0
Adults (18-64 years)	54

From 65 to 84 years	0
85 years and over	0

Subject disposition

Recruitment

Recruitment details:

From 18 February 2011 through 21 January 2015, a total of 59 patients were recruited at 5 study sites in Germany. 58 patients initially planned; plus 4 additional patients (RAS mutated in retesting), resulting in 62 patients.

Pre-assignment

Screening details:

5 patients were non-eligible; 4 due to RAS mutational status in the retesting; 1 due to ambiguous results in two independent KRAS tests at inclusion.

Period 1

Period 1 title	Treatment (overall period)
Is this the baseline period?	Yes
Allocation method	Not applicable
Blinding used	Not blinded

Arms

Arm title	Conditioning therapy

Arm description: -

Arm type	Experimental
Investigational medicinal product name	Panitumumab
Investigational medicinal product code	
Other name	Vectibix
Pharmaceutical forms	Concentrate for solution for infusion
Routes of administration	Intravenous use

Dosage and administration details:

6mg/kg BW q2w
day -14, 1, 15, 29, 43 (d 43 optional if radiotherapy still ongoing)

Number of subjects in period 1	Conditioning therapy
Started	54
Completed	54

Baseline characteristics

Reporting groups

Reporting group title	Treatment

Reporting group description: -

Reporting group values	Treatment	Total	
Number of subjects	54	54	
Age categorical Units: Subjects			
In utero	0	0	
Preterm newborn infants (gestational age < 37 wks)	0	0	
Newborns (0-27 days)	0	0	
Infants and toddlers (28 days-23 months)	0	0	
Children (2-11 years)	0	0	
Adolescents (12-17 years)	0	0	
Adults (18-64 years)	54	54	
From 65-84 years	0	0	
85 years and over	0	0	
Gender categorical Units: Subjects			
Female	20	20	
Male	34	34	

Subject analysis sets

Subject analysis set title	ITT analysis
Subject analysis set type	Intention-to-treat

Subject analysis set description:

The primary endpoint of the study is the pCR rate, defined by the number of patients with a pCR finding divided by the number of patients recruited and having received at least one application of antitumor therapy.

Reporting group values	ITT analysis		
Number of subjects	54		
Age categorical Units: Subjects			
In utero	0		
Preterm newborn infants (gestational age < 37 wks)	0		
Newborns (0-27 days)	0		
Infants and toddlers (28 days-23 months)	0		
Children (2-11 years)	0		
Adolescents (12-17 years)	0		
Adults (18-64 years)	54		
From 65-84 years	0		
85 years and over	0		

Gender categorical Units: Subjects			
Female	20		
Male	34		

End points

End points reporting groups

Reporting group title	Conditioning therapy
Reporting group description: -	
Subject analysis set title	ITT analysis
Subject analysis set type	Intention-to-treat

Subject analysis set description:

The primary endpoint of the study is the pCR rate, defined by the number of patients with a pCR finding divided by the number of patients recruited and having received at least one application of antitumor therapy.

Primary: pathological complete response (pCR) rate

End point title	pathological complete response (pCR) rate[1]

End point description:

End point type	Primary

End point timeframe:

20 weeks

Notes:

[1] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.
Justification: pCR rate (primary endpoint), and other rates are calculated, providing confidence intervals. All other parameters were evaluated in an explorative or descriptive manner, providing means, medians, interquartile and total ranges, standard deviations and/or confidence intervals, as appropriate for the respective data types.

End point values	ITT analysis			
Subject group type	Subject analysis set			
Number of subjects analysed	54			
Units: percent				
number (confidence interval 95%)	3.7 (0.5 to 12.7)			

Statistical analyses

No statistical analyses for this end point

Adverse events

Adverse events information[1]	
Timeframe for reporting adverse events: 20 weeks	
Assessment type	Systematic

Dictionary used	
Dictionary name	MedDRA
Dictionary version	17.1

Frequency threshold for reporting non-serious adverse events: 0 %

Notes:

[1] - There are no non-serious adverse events recorded for these results. It is expected that there will be at least one non-serious adverse event reported.
Justification: During radio-immuno therapy, the most common (above 5%) grad 3/4 toxicities were diarrhea (10%) and skin rash (acneiform) (20%). More then 90% of the patients experienced an acneiform skin rash (all grades), which fits well to the known data of panitumumab. During pre-operative therapy one patient died due to sudden death, which was assessed as not related to study treatment by the investigator.

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

Date	Amendment
04 December 2013	Protocol Version 1.9 from 13.11.13 The aim of the amendment was to change the inclusion criteria as a consequence of the current change of the SmPC. Instead of KRAS wildtype, all patients should be RAS wildtype, as patients with KRAS exon 2 wildtype, but mutation in KRAS exon 3 or 4, or NRAS exons 2 to 4, do not benefit from Panitumumab therapy.

Notes:

Interruptions (globally)

Were there any global interruptions to the trial? No

Limitations and caveats

None reported