Clinical trial results:
A multicentre single-arm phase II trial assessing the safety and efficacy of first-line osimertinib and locally ablative radiotherapy in patients with synchronous oligo-metastatic EGFR-mutant non-small cell lung cancer

Summary

EudraCT number	2020-004114-35
Trial protocol	ES IT NL
Global end of trial date	29 February 2024

Results information

Result version number	v1 (current)
This version publication date	23 October 2025
First version publication date	23 October 2025

Trial information

Trial identification

Sponsor protocol code	ETOP17-20

Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	NCT04908956
WHO universal trial number (UTN)	-
Other trial identifiers	AstraZeneca Number: ESR-19-20384

Notes:

Sponsors

Sponsor organisation name	ETOP IBCSG Partners Foundation
Sponsor organisation address	Effingerstrasse 33 , Bern, Switzerland, 3008
Public contact	ETOP Coordinating Center, ETOP IBCSG Partners Foundation, +41 315119400, etop-regulatory@etop.ibcsg.org
Scientific contact	ETOP Coordinating Center, ETOP IBCSG Partners Foundation, +41 315119400, etop-regulatory@etop.ibcsg.org

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	07 March 2024
Is this the analysis of the primary completion data?	No

Global end of trial reached?	Yes
Global end of trial date	29 February 2024
Was the trial ended prematurely?	Yes

Notes:

General information about the trial

Main objective of the trial:

The primary objective of this trial is to evaluate safety (in terms of grade ≥2 pneumonitis, requiring medical treatment) and efficacy (in terms of PFS) in patients with synchronous oligo-metastatic EGFR-mutant NSCLC treated with osimertinib and locally ablative radiotherapy to all cancer sites.

Protection of trial subjects:

Participating institutions' ethics committees or Institutional Review Boards approved the trial according to local laws and regulations. All patients gave written informed consent, and the trial was performed in compliance with the Helsinki Declaration. The Data Safety and Monitoring Board reviewed the data from this research throughout the study.

Background therapy: -

Evidence for comparator: -

Actual start date of recruitment	31 January 2022
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	Korea, Democratic People's Republic of: 4
Country: Number of subjects enrolled	Spain: 2
Worldwide total number of subjects	6
EEA total number of subjects	2

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)	2
From 65 to 84 years	4

85 years and over	0

Subject disposition

Recruitment

Recruitment details: -

Pre-assignment

Screening details:

There were 2 screening failures.

Period 1

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

Arms

Arm title	Osimertinib

Arm description:

Osimertinib, 80 mg once daily p.o., until progression or unacceptable toxicity + locally ablative radiotherapy

Arm type	Experimental
Investigational medicinal product name	Osimertinib
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Film-coated tablet
Routes of administration	Oral use

Dosage and administration details:

80mg once daily p.o. until progression or unacceptable toxicity

Number of subjects in period 1	Osimertinib
Started	6
Completed	0
Not completed	6
Early termination of trial	5
Treatment failure	1

Baseline characteristics

Reporting groups	
Reporting group title	Overall Study

Reporting group description: -

Reporting group values	Overall Study	Total	
Number of subjects	6	6	
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)		0	
From 65-84 years		0	
85 years and over		0	
Age continuous Units: years			
median	70		
full range (min-max)	49 to 75	-	
Gender categorical Units: Subjects			
Female	5	5	
Male	1	1	

End points

End points reporting groups

Reporting group title	Osimertinib

Reporting group description:

Osimertinib, 80 mg once daily p.o., until progression or unacceptable toxicity + locally ablative radiotherapy

Primary: Rate of grade ≥2 pneumonitis requiring medical treatment

End point title	Rate of grade ≥2 pneumonitis requiring medical treatment[1]

End point description:

Rate of grade ≥2 pneumonitis, requiring medical treatment, observed any time during the first 18 months of follow-up from enrolment, in the primary-endpoint safety cohort. If safety is proven, efficacy will be hierarchically tested in terms of PFS according to RECIST v1.1, in the efficacy cohort.

End point type	Primary

End point timeframe:

During the first 18 months of follow-up from enrolment.

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: No statistical analysis was perfomed due to early termination

End point values	Osimertinib			
Subject group type	Reporting group			
Number of subjects analysed	0[2]			
Units: Participant				

Notes:

[2] - End point not met as trial was terminated prematurely

Statistical analyses

No statistical analyses for this end point

Secondary: Overall survival

End point title	Overall survival

End point description:

Overall survival (OS) is defined as the time from the date of enrolment until death from any cause. Censoring will occur at the last follow-up date.

End point type	Secondary

End point timeframe:

From the date of enrolment until death from any cause.

End point values	Osimertinib			
Subject group type	Reporting group			
Number of subjects analysed	0[3]			
Units: month				
median (confidence interval 95%)	(to)			

Notes:

[3] - no data due to early termination

Statistical analyses

No statistical analyses for this end point

Secondary: Pattern of disease progression

End point title	Pattern of disease progression

End point description:

The pattern of disease progression is defined as the site of first progression: None, locoregional, distant (bone, brain, liver, etc.) or both locoregional and distant, evaluated up to 18-months post enrolment.

End point type	Secondary

End point timeframe:

Up to 18-months post enrolment

End point values	Osimertinib			
Subject group type	Reporting group			
Number of subjects analysed	0[4]			
Units: descriptive or qualitative endpoint				

Notes:

[4] - no data due to early termination of trial

Statistical analyses

No statistical analyses for this end point

Secondary: Distant progression-free survival

End point title	Distant progression-free survival

End point description:

Distant PFS is defined as the time from date of enrolment until development of new metastases, excluding oligo-metastases diagnosed at enrolment.

End point type	Secondary

End point timeframe:

From date of enrolment until development of new metastases

End point values	Osimertinib			
Subject group type	Reporting group			
Number of subjects analysed	0[5]			
Units: month				
median (confidence interval 95%)	(to)			

Notes:

[5] - no data due to early termination

Statistical analyses

No statistical analyses for this end point

Secondary: Objective response rate

End point title	Objective response rate

End point description:

Objective response rate (ORR) is defined as the percentage of patients that achieve a best overall response [complete response (CR) or partial response (PR)] according to RECIST v1.1 from enrolment across all trial assessment time-points.

End point type	Secondary

End point timeframe:

From enrolment across all trial assessment time-points.

End point values	Osimertinib			
Subject group type	Reporting group			
Number of subjects analysed	0[6]			
Units: Participant				

Notes:

[6] - no data due to early termination

Statistical analyses

No statistical analyses for this end point

Secondary: Duration of response

End point title	Duration of response

End point description:

Duration of Response (DoR) is defined as the interval from the date of first documentation of objective response (CR or PR, according to RECIST v1.1) to the date of first documented progression, relapse or death.

End point type	Secondary

End point timeframe:

From the date of first documentation of objective response to the date of first documented progression, relapse or death.

End point values	Osimertinib			
Subject group type	Reporting group			
Number of subjects analysed	0[7]			
Units: month				
median (confidence interval 95%)	(to)			

Notes:

[7] - no data due to early termination

Statistical analyses

No statistical analyses for this end point

Secondary: Toxicity

End point title	Toxicity

End point description:

All safety parameters will be summarised in tables to evaluate the safety profile of the protocol treatment in terms of:
- Adverse events according to CTCAE v5.0 including adverse events leading to dose interruptions, withdrawal of protocol treatment, and death
- Severe, serious, and selected adverse events
- Deaths
- Laboratory parameters and abnormalities, and vital signs

End point type	Secondary

End point timeframe:

from the date of enrolment

End point values	Osimertinib			
Subject group type	Reporting group			
Number of subjects analysed	0[8]			
Units: Participant				

Notes:

[8] - all available data is listed in adverse events section

Statistical analyses

No statistical analyses for this end point

Secondary: Symptom-specific and global Quality of Life

End point title	Symptom-specific and global Quality of Life

End point description:

QoL will be assessed by the Lung Cancer Symptom Scale, a 9-item questionnaire including six symptoms (i.e., appetite loss, fatigue, cough, dyspnoea, haemoptysis and pain) and three items addressing symptomatic distress, normal activity, and global QoL. The primary QoL endpoints will be the change in the LCSS total score (average of all 9 items) from baseline to 24 weeks on treatment.

End point type	Secondary

End point timeframe:

From baseline to 24 weeks on treatment.

End point values	Osimertinib			
Subject group type	Reporting group			
Number of subjects analysed	0[9]			
Units: number				
number (not applicable)				

Notes:

[9] - no data available due to early termination

Statistical analyses

No statistical analyses for this end point

Adverse events

Adverse events information

Timeframe for reporting adverse events:

From the date of enrolment until 6 weeks after all protocol treatment discontinuation, regardless of whether it is considered related to a medication.

Assessment type	Systematic

Dictionary used

Dictionary name	CTCAE
Dictionary version	5.0

Reporting groups

Reporting group title	Osimertinib

Reporting group description: -

Serious adverse events	Osimertinib		
Total subjects affected by serious adverse events			
subjects affected / exposed	1 / 6 (16.67%)		
number of deaths (all causes)	1		
number of deaths resulting from adverse events			
Respiratory, thoracic and mediastinal disorders			
Pneumoperitoneum			
subjects affected / exposed	1 / 6 (16.67%)		
occurrences causally related to treatment / all	1 / 1		
deaths causally related to treatment / all	0 / 1		

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

Non-serious adverse events	Osimertinib		
Total subjects affected by non-serious adverse events			
subjects affected / exposed	5 / 6 (83.33%)		
Investigations			
Neutrophil count decreased			
subjects affected / exposed	1 / 6 (16.67%)		
occurrences (all)	1		
Serum amylase increased			
subjects affected / exposed	1 / 6 (16.67%)		
occurrences (all)	1		
Vascular disorders			

Thromboembolic event subjects affected / exposed occurrences (all)	1 / 6 (16.67%) 1		
Blood and lymphatic system disorders Anemia subjects affected / exposed occurrences (all)	1 / 6 (16.67%) 1		
General disorders and administration site conditions Edema limbs subjects affected / exposed occurrences (all) Fatigue subjects affected / exposed occurrences (all)	1 / 6 (16.67%) 1 2 / 6 (33.33%) 2		
Gastrointestinal disorders Abdominal pain subjects affected / exposed occurrences (all) Constipation subjects affected / exposed occurrences (all) Diarrhoea subjects affected / exposed occurrences (all) Hemorrhoidal hemorrhage subjects affected / exposed occurrences (all) Mucositis oral subjects affected / exposed occurrences (all) Esophagitis subjects affected / exposed occurrences (all)	1 / 6 (16.67%) 2 1 / 6 (16.67%) 1 2 / 6 (33.33%) 2 1 / 6 (16.67%) 1 3 / 6 (50.00%) 3 1 / 6 (16.67%) 1		
Respiratory, thoracic and mediastinal disorders Upper tract respiratory infection			

subjects affected / exposed occurrences (all) Cough subjects affected / exposed occurrences (all) Nasal congestion subjects affected / exposed occurrences (all) Rhinorrhea subjects affected / exposed occurrences (all)	1 / 6 (16.67%) 1 1 / 6 (16.67%) 1 1 / 6 (16.67%) 1 1 / 6 (16.67%) 1		
Skin and subcutaneous tissue disorders Rash acneiform subjects affected / exposed occurrences (all) Urticaria subjects affected / exposed occurrences (all)	 1 / 6 (16.67%) 1 1 / 6 (16.67%) 1		
Infections and infestations Covid-19 infection subjects affected / exposed occurrences (all) Folliculitis subjects affected / exposed occurrences (all) Paronychia subjects affected / exposed occurrences (all)	 1 / 6 (16.67%) 1 1 / 6 (16.67%) 1 2 / 6 (33.33%) 2		
Metabolism and nutrition disorders Anorexia subjects affected / exposed occurrences (all)	 1 / 6 (16.67%) 1		

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

Date	Amendment
12 April 2022	The protocol has been updated to account account for the sponsor change from ETOP to ETOP IBCSG partners. In addition, aplastic anaemia has been added as new safety risk, as well as some clarifications on the management of patients with past or chronic hepatitis Revised documents – Working protocol – Synopsis – Patient information and informed consent (revised) – Patient card, patient diary, pregnant partner informed consent form, withdrawal of consent form, letter to general practitioner

Notes:

Interruptions (globally)

Were there any global interruptions to the trial? No

Limitations and caveats

Limitations of the trial such as small numbers of subjects analysed or technical problems leading to unreliable data.

The trial struggled with low activation due to staff shortages at the various participating centres as a result of the COVID pandemic. The Steering Committee had to take the decision to close the accrual in the STEREO trial as of 31 October 2023.

Notes: