Non-Small Cell Lung Cancer (NSCLC) Working Group

Presented at the Fourth Annual PRO Consortium Workshop – Silver Spring, MD – April 24-25, 2013

PRO CONSORTIUM
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Background

Rationale for NSCLC Working Group (WG)

- PRO Consortium members and FDA advisors identified NSCLC as a priority area
- As current therapies for advanced NSCLC are not curative, any new therapy should demonstrate control of distressing disease symptoms; including this in the label would enable a standard method for patients and providers to compare benefit between treatments
- While valid, reliable, and responsive PRO instruments exist for the assessment of NSCLC symptoms, none meet the current standards for an FDA-approved label claim
- FDA had stated a 'fit for purpose' method to assess NSCLC symptoms would be helpful in evaluating the patient benefit of new therapies

Goal of the NSCLC WG

- To develop a PRO measure for patient-experienced symptoms in advanced NSCLC (stages III/IV and ECOG performance status of 0-2) for use in clinical trials as a primary or secondary endpoint to establish treatment benefit

Targeted Labeling Language

- Patients treated with [Product X] reported an improvement in the symptoms of NSCLC or a delay in the deterioration of the symptoms of NSCLC
  - Improvement for patients who are symptomatic at baseline
  - Delayed deterioration for patients who are asymptomatic at baseline

Milestones

Milestone	Expected Date	Completed Date
Scoping Stage		July 27, 2011
Content Validity Stage		
Vendor selection and contracting	April 2012	Vendor selected January 2012; Project kickoff September 2012
Completion of background research (literature review and 1st expert panel)	December 2012	February 2013
Completion of instrument review	April 2013	
Completion of initial qualitative research and generate items (concept elicitation, selection and item generation – patients interviews & expert panels)	July 2013	
Refining initial instrument (cognitive interviewing, final expert panel, identification of ePRO platform, translatability assessment)	November 2013	
Qualitative Research Summary document submitted to FDA for consultation and advice	Feb/Mar 2014	
Quantitative component of the Content Validity Stage	August 2014	
Psychometric Testing Stage	TBD	

Content of Interest

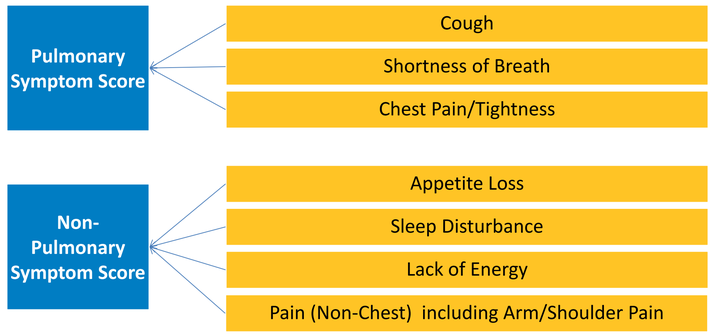
Endpoint Model for Treatment of NSCLC

Endpoint Hierarchy	Endpoint Concept(s)	Clinical Outcome Assessment (COA) /Biomarker/Survival
Primary	▪ Progression-Free Survival (PFS) - Response Evaluation Criteria in Solid Tumors (RECIST) ▪ Overall Survival	Biomarker Survival
Secondary	▪ Improvement in NSCLC Symptoms – NSCLC symptom inventory ▪ Delay in time to deterioration of NSCLC symptoms ▪ Delay in time to onset of symptoms of NSCLC	PRO

Target Population

- Patients 18 years and older
- Advanced NSCLC (Stage III/IV) with Eastern Cooperative Oncology Group (ECOG) performance status of 0-2, regardless of line of therapy
- In addition, we will be assessing symptom experience of early stage (I/II) patients to determine the applicability of the NSCLC Symptom Inventory to all stages of disease

Hypothesized Conceptual Framework



Updates

- Astra Liepa replaced Rajiv Mallick as co-chair in early 2013.
- Vendor selection process completed with HRA chosen based, in part, on their unique collaboration with Memorial Sloan Kettering Cancer Center (MSKCC), a leading thoracic cancer center
- HRA has completed a literature review, as well as, developed the concept elicitation protocol. Completion of the instrument review is targeted for April 2013.
- The expert panel has been established; the WG held teleconferences with all 5 panel members to review the concept elicitation protocol on January 24, February 1, and March 15, 2013.
- HRA has finalized study conduct materials (protocol, data collection forms, IRB application)

Working Group Plans

Next Steps

- Finalize site recruitment
- Protocol submitted to the FDA for consultation and advice
- Initiate concept elicitation interviews with patients

Dissemination plan

- Proposed: Presentation of elicited concepts at ASCO 2014 or other key oncology conferences
- Proposed: Presentation of refined instrument at ISPOR or ISOQOL 2014

Topics for Discussion

Concern Worth Noting

- Given the relatively higher rate of adverse events reported in Oncology, additional effort was spent to ensure compliance with individual company reporting policies.
  - Time for achieving consensus on reporting process should be addressed in project timeline
  - Learning should be applicable to other WGs

Unique Issues for the Working Group and the Resolutions

- Minimize impact of treatment side effects confounding concept elicitation
  - Treatment side effects must be resolved or only at Grade 1 before interview
- Recruitment of early stage NSCLC patients prior to potentially curative interventions (eg, surgery)
  - Use of sites that are involved with initial diagnosis of NSCLC (eg, MSKCC)
- Requirement to understand the clinical course of the disease and its interactions with treatment-induced side effects when designing the inclusion / exclusion criteria
  - Inclusion of thoracic oncologists in the expert panel

Challenges:

- Length of time to have minimum number of member firm contracts in place
  - Those participating in other WGs were able to accomplish more quickly

Working Group Participants

Company/Organization	Name
AbbVie	Saurabh Ray
Boehringer Ingelheim Pharmaceuticals, Inc.	Juliane Lungershausen, Dagmar Kaschinksi, Louis Denis
Bristol-Myers Squibb	John Penrod, Lucinda Orsini
Eli Lilly and Company	Nicki Bush, Risa Hayes, Astra Liepa (Co-Chair)
Merck Sharp & Dohme Corp.	Jean Marie Arduino, Jay Pearson
Genentech, Inc.	Alicyn Campbell (Co-Chair)
Expert Panel Members	**Affiliation**
Richard Gralla, MD	Albert Einstein College of Medicine
Suresh Ramilingham, MD	Emory University
David Spigel, MD	Sarah Cannon Cancer Center
David Cella, PhD	Northwestern University
Donald Patrick, PhD	University of Washington
Contract Research Organization	Name
Health Research Associates (HRA)	Mona Martin, Don Bushnell, Kelly McCarrier , Michael Scanlon, Thomas Atkinson (MSKCC)