

# Lessons from Oncology Master Protocols: Panel 1 - BeatAML

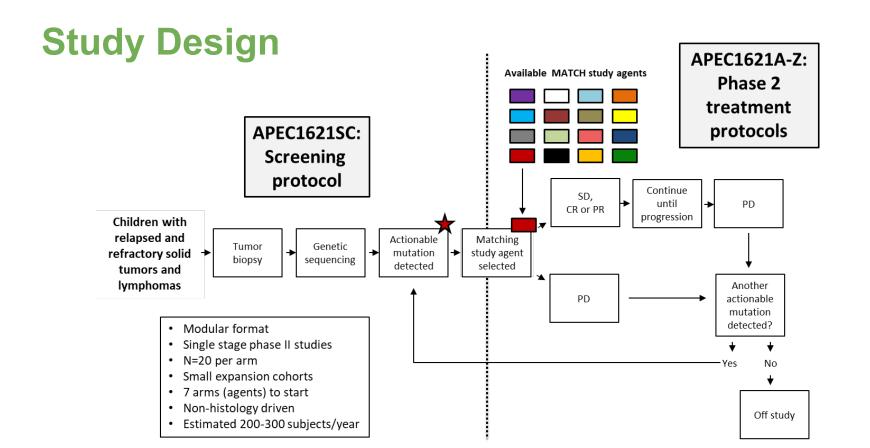
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### NCI-COG Pediatric Molecular Analysis for Therapy Choice (MATCH) APEC1621 Study

A phase 2 precision medicine cancer trial Co-developed by the Children's Oncology Group and the National Cancer Institute

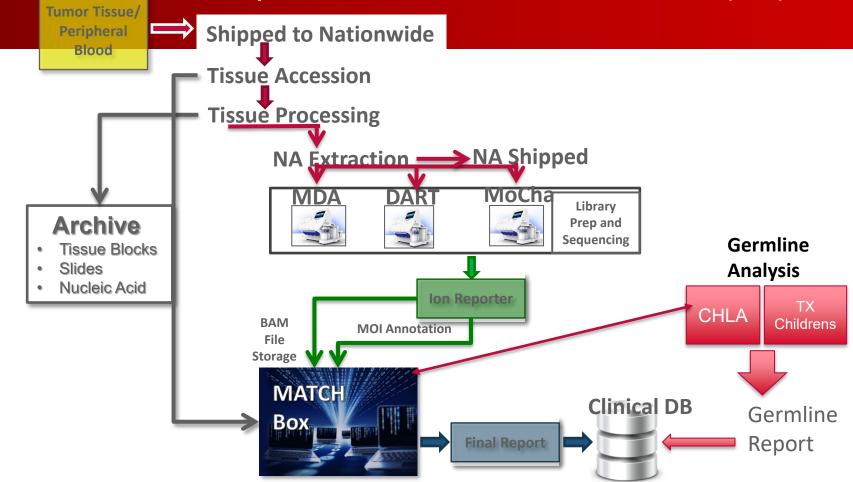








#### Pediatric MATCH Specimen Work Flow Schema (GL)



#### NCI Central Support for Pediatric MATCH Trial

- Central Laboratories COG BioPath Center –QA and nucleotide extraction; 3 central laboratories (MoCha, Dartmouth, MD Anderson) for tissue analysis;
- MATCHBox a data center that will provide data coordination, decision-making and communications
- All trials conducted under CTEP IND
- All agents brought in under CRADA
- CTEP provides scientific review of master protocol and substudies
- NCI-Pediatric CIRB is the IRB of record

#### Challenges in Developing Pediatric MATCH

- Risk determination
- Analytical performance of assay on pediatric tissues
- Incorporation of germline testing and validation
- Process for interpreting germline results and sharing with families
- Specimen processing at NCH and incorporation within the lab system
- Agents available for treatment arms and formulations

- Developing Pediatric MATCHBox to support a new study design and workflow
- Approach to NY state regulations
- Standardizing procedures across labs
- Education and reassurance of advocates
- Managing expectations with families
- Timing with NCI-MATCH
- Efficient and timely PedCIRB protocol reviews
- Building a cohesive informatics team with multiple partners
- Protocol configuration







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#### Pediatric MATCH Protocol Configuration



- Non-histology driven
- Single IND held by CTEP
- · Protocol review by Ped CIRB
- Single stage phase 2 studies
- N=20 per arm
- Small expansion cohorts
- Initially 7 arms, now up to 10





#### Brief Timeline of NCI-MATCH Treatment Arms

Open with 10 arms Aug. 12, 2015 Resume with 24 arms May 31, 2016

Expand to 30 arms Mar. 13, 2017 Expand to 35 arms June 20, 2018 Final 2 arms in development

39 total arms by late 2019, pending approval

Nov 2015 - May 2016
Pause for interim analysis
and
Lab capacity increase

May 11, 2017
Trial switched from central screening to patient referrals from designated genomic testing laboratories

#### NCI Pediatric MATCH Subprotocols

Agent Class	aMOI Frequency	Agent	Subarm chair	Subprotocol ID
Pan-TRK inhibitor	2-3%	Larotrectinib	Katie Janeway	APEC 1621-A
FGFR inhibitor	<mark>2-3%</mark>	Erdafitinib	Alice Lee	APEC 1621-B
EZH2 inhibitor	2-3%	Tazemetostat	Susan Chi	APEC 1621-C
PI3K/mTOR	<del>5-10%</del>	LY 3023414	Ted Laetsch	APEC 1621-D
MEK inhibitor	10-20%	Selumetinib	Carl Allen	APEC 1621-E
ALK inhibitor	<mark>2-3%</mark>	Ensartinib	Meredith Irwin	APEC 1621-F
BRAF inhibitor	5%	Vemurafenib	Aerang Kim	APEC 1621-G
PARP inhibitor	<mark>2-3%</mark>	Olaparib	Julia Glade Bender	APEC1621-H

## NCI Pediatric MATCH Subprotocols In Development

Agent Class	aMOI Frequency	Agent	Subarm chair	Subprotocol ID	Status
CDK4/6	2-3%	Palbociclib	Rajen Mody	APEC 1621-I	Active
ERK 1/2 inhibitor	5-10%	Ulixertinib	Kieuhoa Vo	APEC 1621-J	Active
IDH1 inhibitor	1-2%	Ivosidenib	Elizabeth Alva	APEC 1621-K	Protocol in development
HRAS inhibitor	1-2%	Tipifarnib	Christine Pratilas	APEC1621M	Concept in development
RET inhibitor	1-3%	LOXO 292	Andrea Flynn	APEC1621N	Protocol in development