

Welches Studiendesign benötigen wir, um Fortschritte bei der Therapie von DLBCL-Patienten zu erzielen?

Gerhard Held
Klinik für Innere Medizin 1
Westpfalz-Klinikum Kaiserslautern

Challenges

Negative Phase-III Trials:

- **Enzostaurin Maintenance** *Crump, JCO, 2016.*
- **Lenalidomide Maintenance** *Thieblemont, JCO, 2017*
- **B-ALL Protocol, PETAL** *Dührsen, ASH, 2014*
- **DA-EPOCH-R** *Wilson, ASH, 2016*
- **Obinutuzumab, GOYA** *Vitolo, JCO, 2017*
- **Ibrutinib, PHOENIX** *Janssen, press release, 2018*
- ...

Challenges



The Algorithm

Declination in clinical sciences:

- **Phase-I**
- **Phase-II**
- **Phase-III**

The Algorithm

Declination in clinical sciences:

- Phase-I
- **Phase-II**
- **Phase-III**

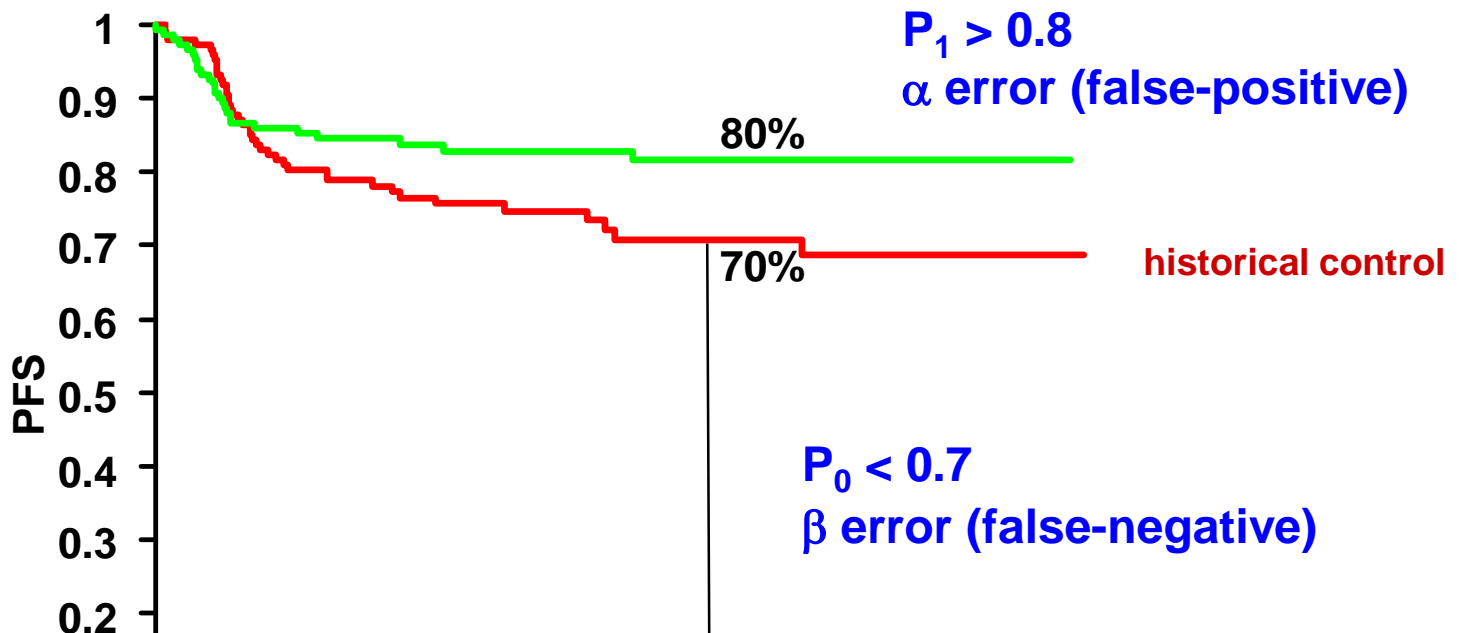
Phase-II

Estimation of efficacy

- **Minimization of false-negative conclusion**
- **Minimisation of false-positive conclusion**

Phase-II

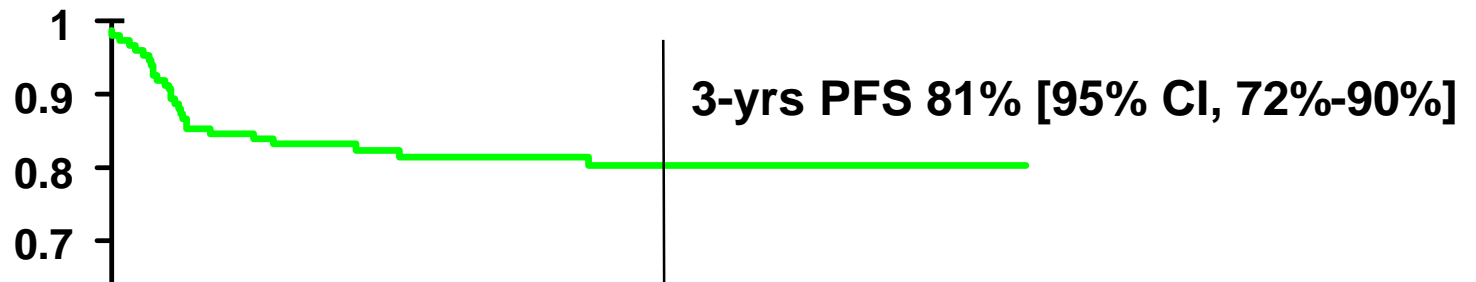
Assumption:



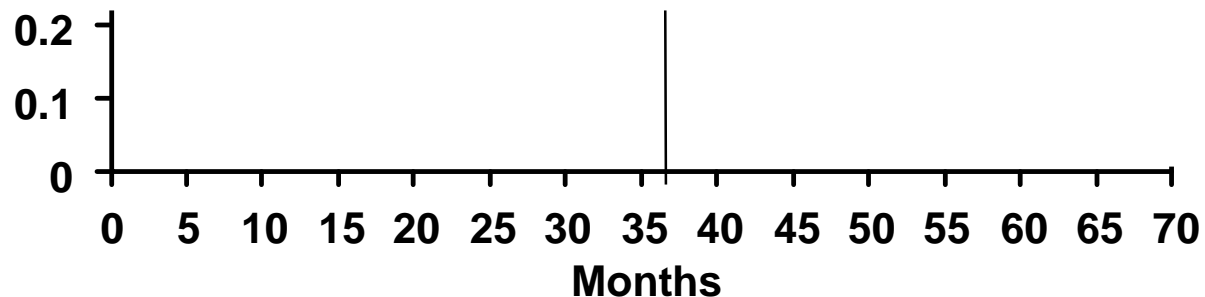
➔ Sample size calculation

Phase-II

Hypothetical result:



➔ Superior efficacy towards historical control



Phase-II

Historical controls -> treatment-by-time interactions:

Results of identical treatment improve over time

Phase-II

Historical controls -> treatment-by-time interactions:

Results of identical treatment improve over time



**Phase III Randomized Study of R-CHOP
vs. DA-EPOCH-R and Molecular Analysis
of Untreated Large B-Cell Lymphoma:
CALGB/Alliance 50303**

Wyndham H. Wilson, Sin-Ho Jung, Brandelyn N. Pitcher, Eric D. Hsi, Jonathan Friedberg, Bruce Cheson, **Nancy L. Bartlett**, Scott Smith, Nir Wagner-Johnston, Brad S. Kahl, Louis M. Staudt, Kristie A. Blum, Jeremy Abramson, Oliver W. Press, Richard I. Fisher, Kristy L. Richards, Heiko Schoder, Julie E. Chang, Andrew D. Zelenetz, John P. Leonard

Abstract 469, American Society of Hematology, Dec 4, 2016

Phase-II

Historical controls -> treatment-by-time interactions:

R-CHOP vs. DA-EPOCH-R

50303 Statistical Design

- Target sample size 478
- Assumptions
 - 3 yr EFS of **55%** in R-CHOP arm
 - HR of 1.53 for R-CHOP vs DA-EPOCH-R detectable with 90% power, 2-sided logrank $\alpha < 0.05$
 - 10% ineligibility rate
- Final Analysis planned after 242 events

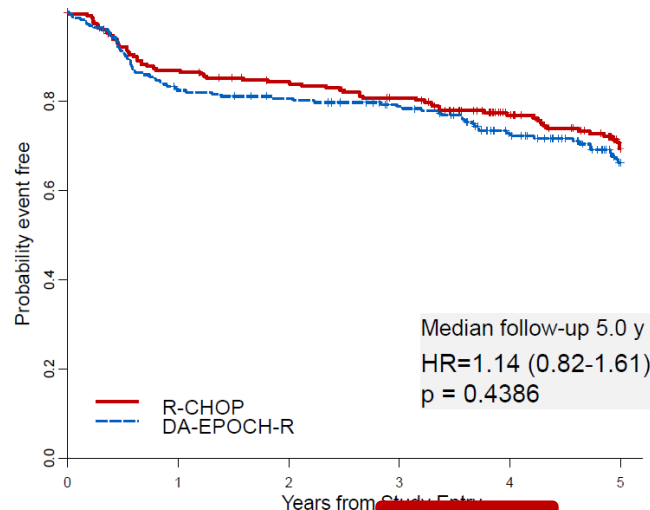
- Target sample size increased to 523 for PET correlate
- Revised final analysis timing due to low event rate
 - DSMB review May 2015 158 events. Recommended analysis at 178 events expected in May 2016 (80% power, HR 1.53)
 - DSMB recommended release of data July 2016 with 167 events.

Phase-II

Historical controls -> treatment-by-time interactions:

R-CHOP vs. DA-EPOCH-R

50303 Event Free Survival

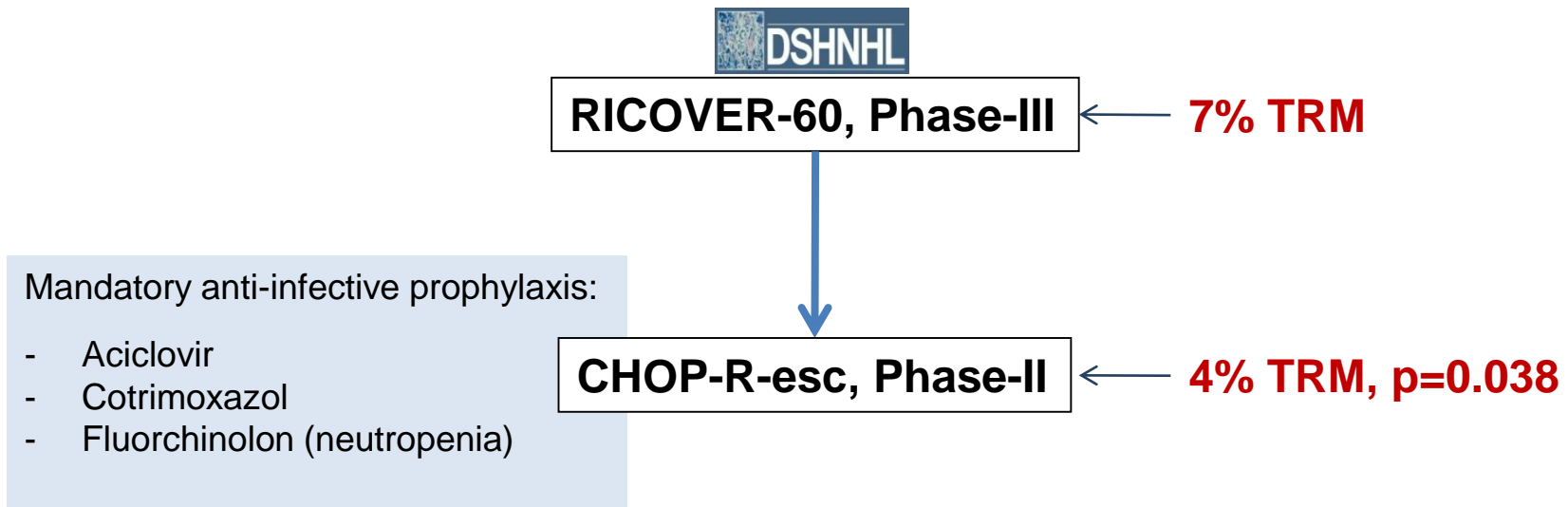


Arm	N	Events	3 Y (95% CI)	5 Y (95% CI)
R-CHOP	233	64	0.81 (0.75-0.85)	0.69 (0.62-0.75)
DA-EPOCH-R	232	70	0.79 (0.73-0.84)	0.66 (0.59-0.72)



Historical controls -> treatment-by-time interactions:

Results of identical treatment improve over time



Phase-II

Levelling of prognostic factors?

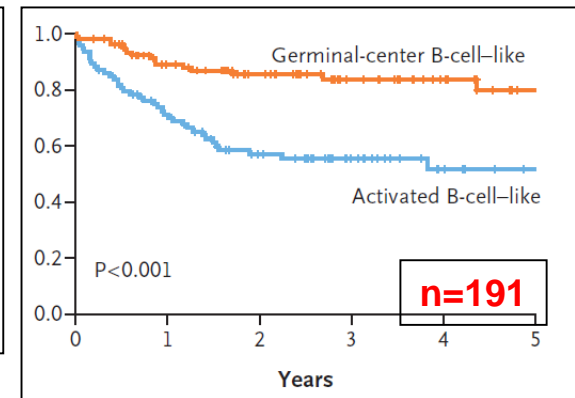
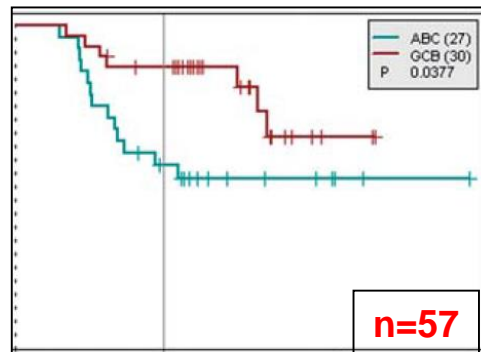
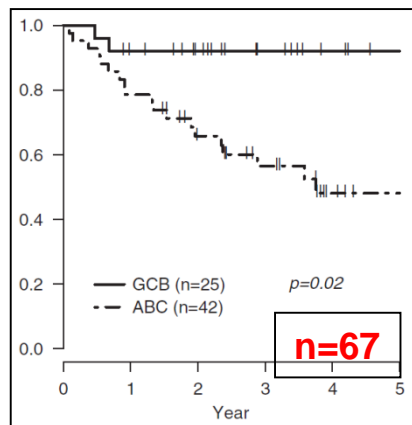
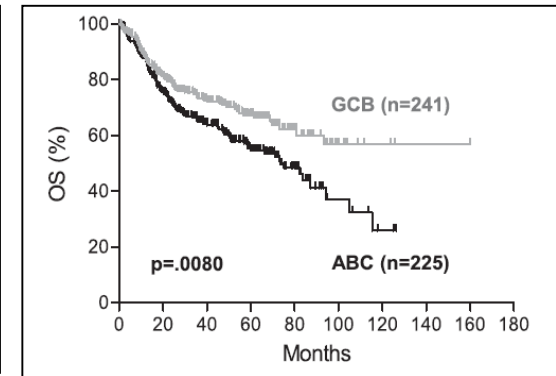
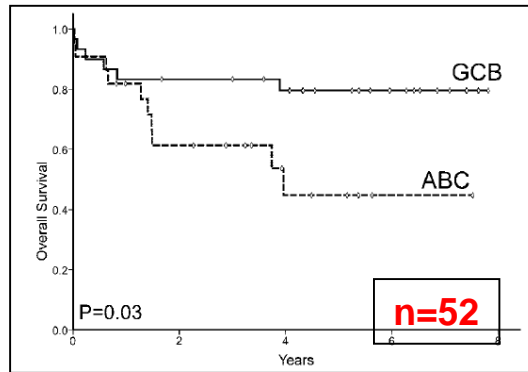
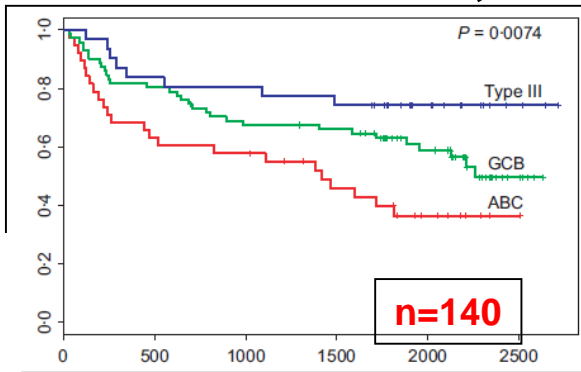
- **Indirect evidence of efficacy in subgroups?**

Phase-II

Levelling of prognostic factors?

GBC vs. ABC, Gene-expression profiling (GEP):

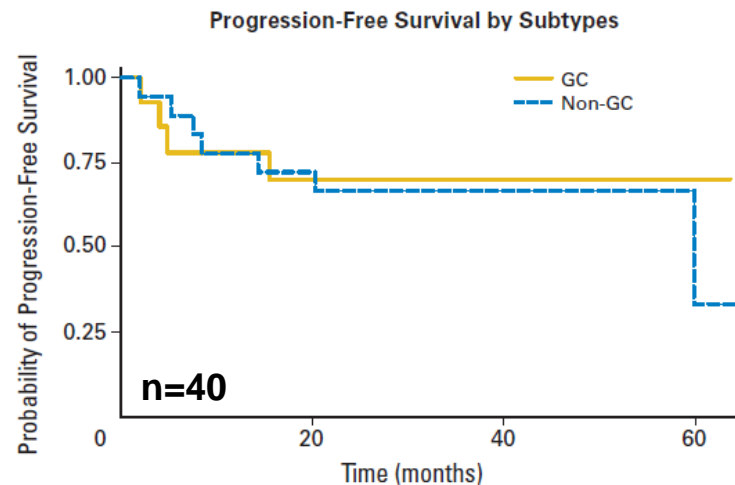
Überleben



Phase-II

Levelling of prognostic factors?

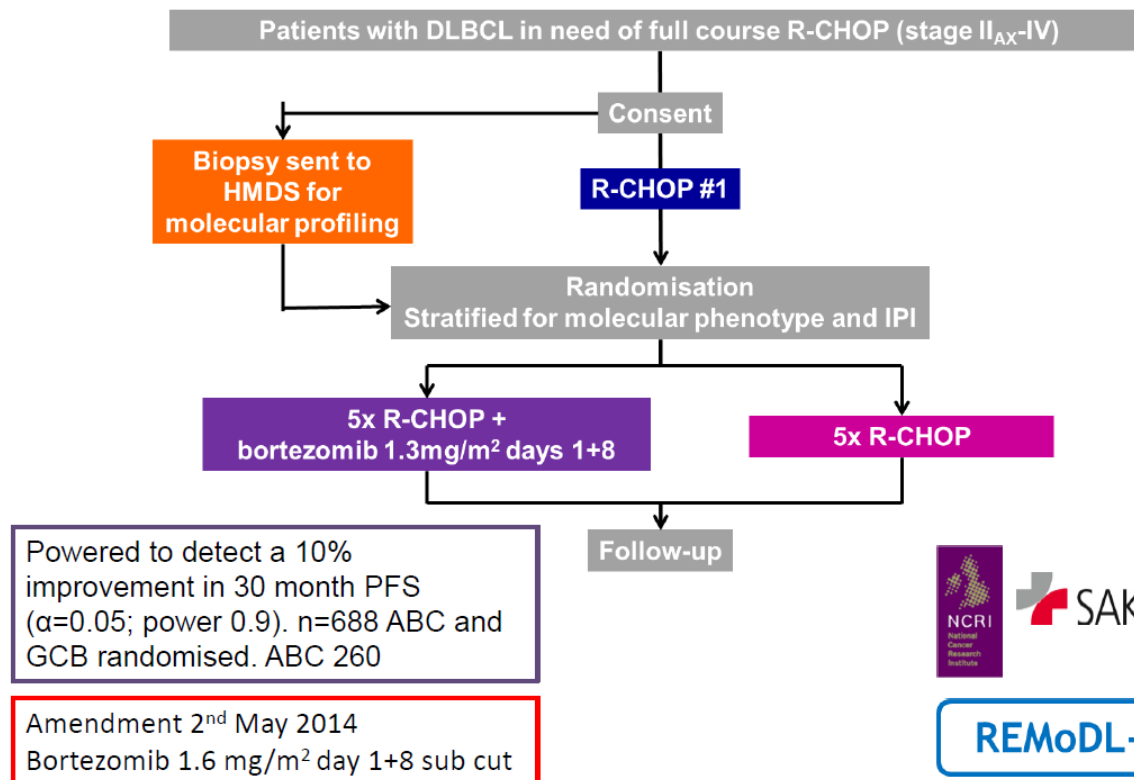
R-CHOP + Bortezomib



Hypothesis: Subgroup-specific activity of Bortezomib in ABC-like DLBCL

Levelling of prognostic factors?

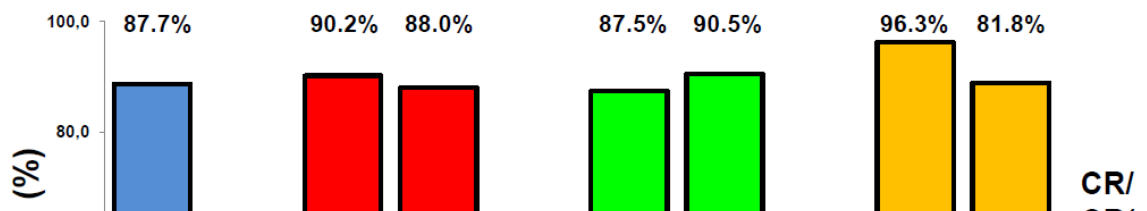
REMoDL-B: Study design



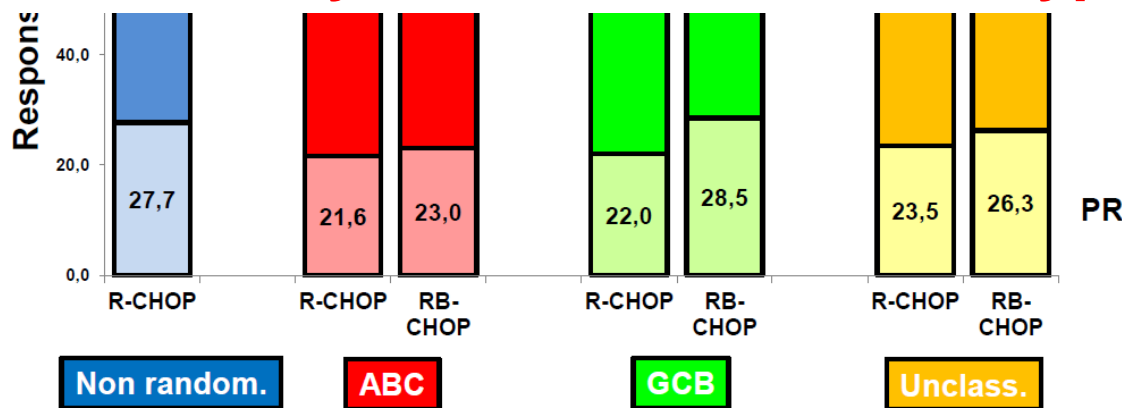
Phase-II

Levelling of prognostic factors?

REMoDL-B Response rate (%): Molecular profile and arm



No differential activity of Bortezomib in subtypes of DLBCL



Phase-II

Levelling of prognostic factors?

- **Indirect evidence of efficacy in subgroups?**

Phase-III

randomized controlled multicenter trials:

- **definitive assessment of efficacy, in comparison with current standard treatment.**

Phase-III

Examples of negative Phase-III trials in DLBCL:

- R-CHOP-21 vs. R-CHOP-14
- R-CHOP-21 vs. DA-EPOCH-R
- R-CHOP-21 vs. G-CHOP-21

Phase-III

Examples of negative Phase-III trials in DLBCL:

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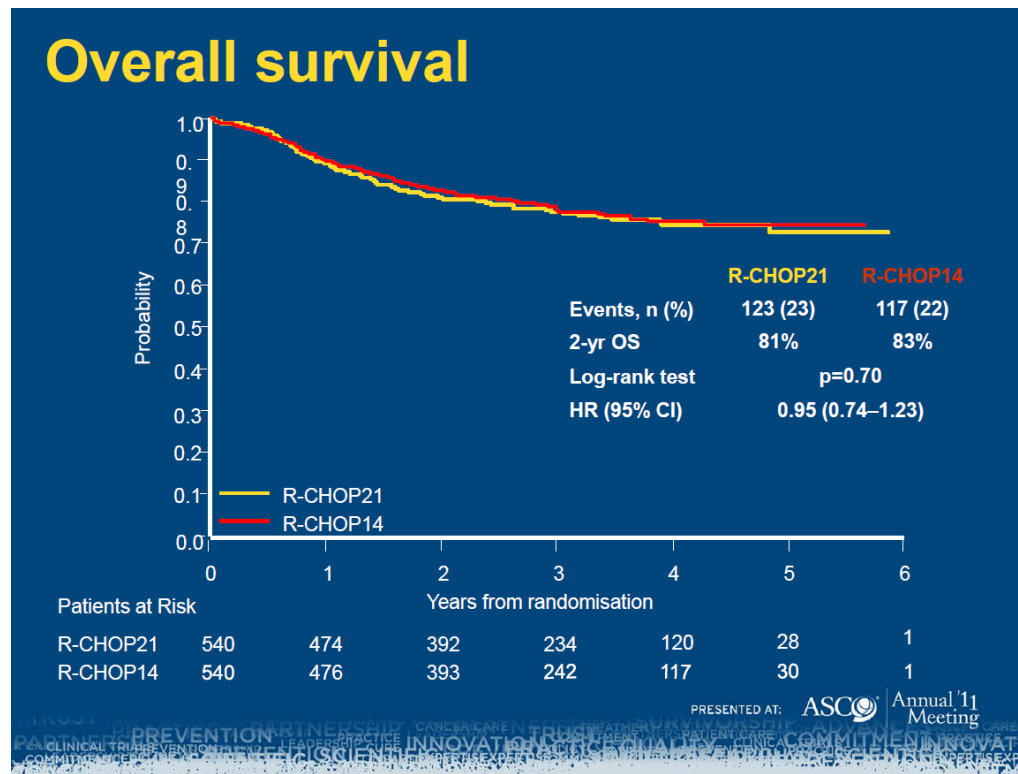
OS: 70% -> 78%, power 90%, $\alpha=5\%$

Phase-III

Examples of negative Phase-III trials in DLBCL:

R-CHOP-21 vs. R-CHOP-14

CD20⁺ DLBCL
>18 years
Stages II-IV,
I with bulk



Phase-III

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Phase-III

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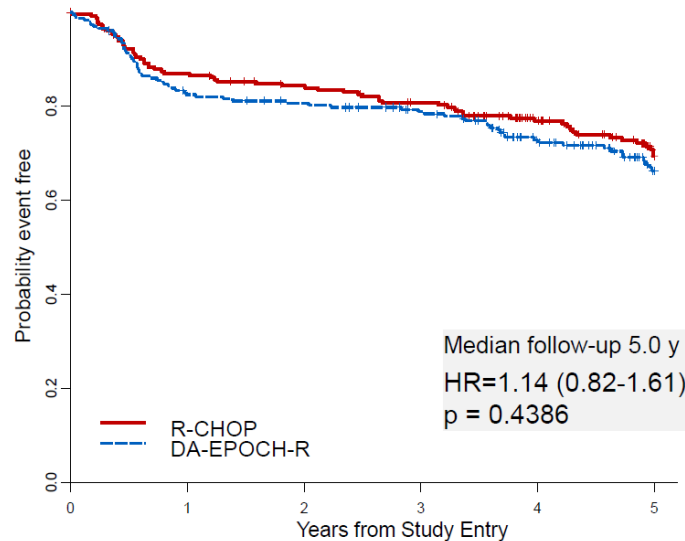
- **R-CHOP-21 vs. R-CHOP-14** *OS: 70% -> 78%, power 90%, $\alpha=5\%$*
- **R-CHOP-21 vs. DA-EPOCH-R** *3-yrs EFS 55% -> 70%, power 90%, $\alpha=5\%$*
- **R-CHOP-21 vs. G-CHOP-21**

Examples of negative Phase-III trials in DLBCL:

R-CHOP-21 vs. DA-EPOCH-R

50303 Event Free Survival

CD20+ DLBCL
>18 years
Stages II-IV,
Stage I PMBCL



3-yrs EFS 81% (95%CI 0.75-0.85)

Arm	N	Events	3 Y (95% CI)	5 Y (95% CI)
R-CHOP	233	64	0.81 (0.75-0.85)	0.69 (0.62-0.75)
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Phase-III

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- **R-CHOP-21 vs. G-CHOP-21**

Phase-III

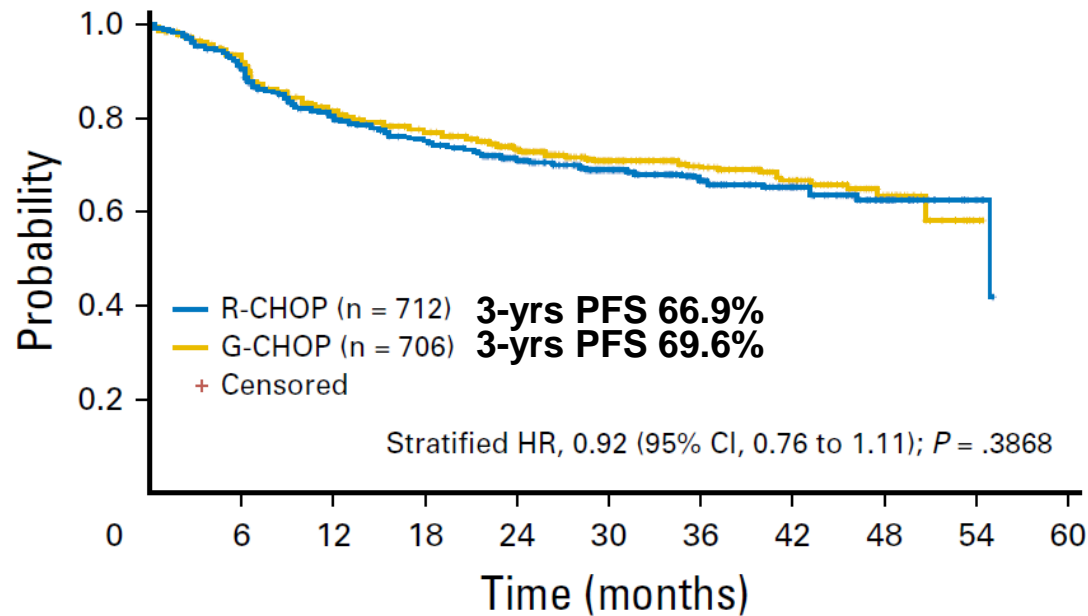
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- **R-CHOP-21 vs. G-CHOP-21** *3-yrs PFS 60%->68%, power 80%, $\alpha=5\%$*

Examples of negative Phase-III trials in DLBCL:

R-CHOP-21 vs. G-CHOP-21

CD20⁺ DLBCL
 >18 years
 IPI ≥ 2
 IPI=1 + age<60
 IPI=0 + bulk



No. at risk:

R-CHOP	712	616	527	488	413	227	142	96	41	6
G-CHOP	706	622	540	502	425	240	158	102	39	2

Phase-III

Examples of negative Phase-III trials in DLBCL:

- **R-CHOP-21 vs. R-CHOP-14** *OS: 70% -> 78%, power 90%, $\alpha=5\%$*
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Phase-III

Lessons from negative Phase-III trials in DLBCL:

- R-CHOP-21 is more effective than assumed,
- we are reaching a plateau of efficacy,
- in an unselected population improvement of the primary endpoint by >7% is NOT realistic any more.

Consequences:

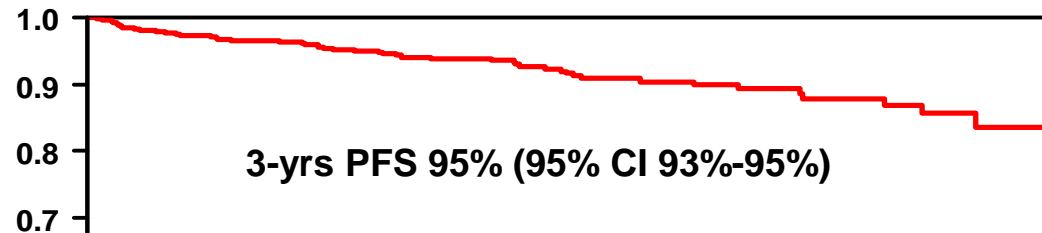
- Larger trials?
- Trials in subgroups defined by biology or risk?

Phase-III

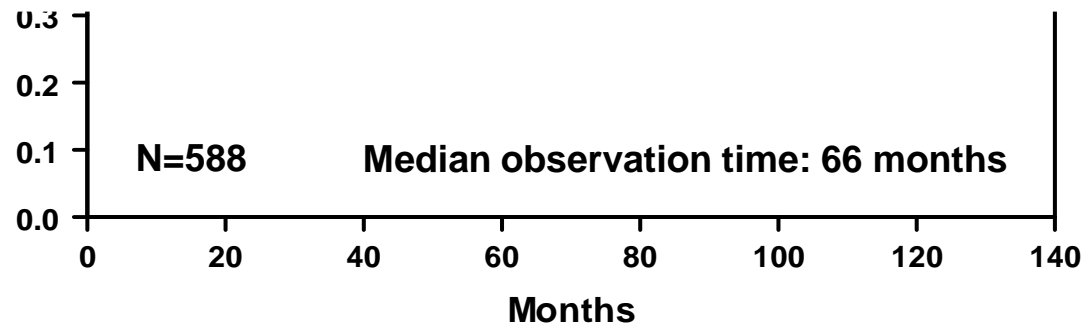
Subgroups defined by risk:

International Prognostic Index, low-risk:

FLYER:



➔ Improvement of any survival-endpoint is NOT realistic!



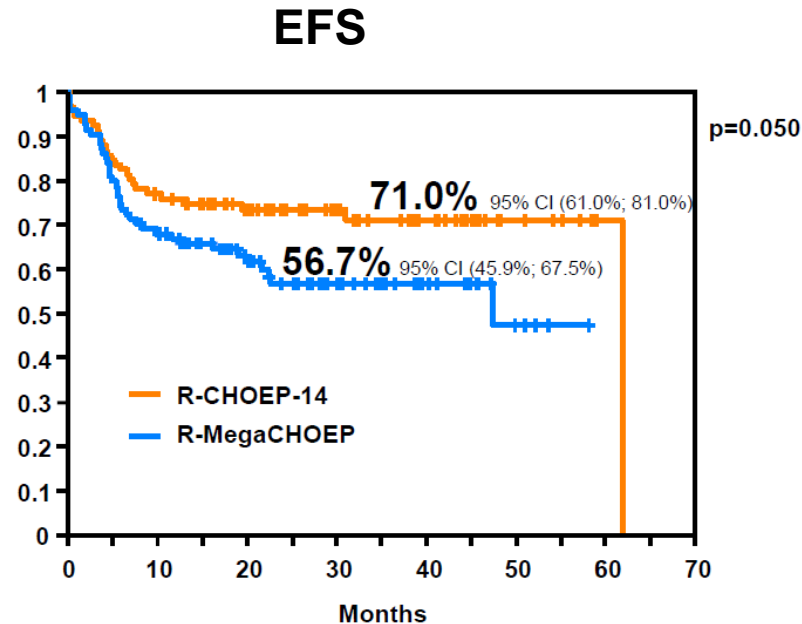
Phase-III

Subgroups defined by risk:

International Prognostic Index, high-risk:

Mega-CHOEP:

CD20⁺ DLBCL
18-60 years
IPI_≥2



➔ Internal Validation

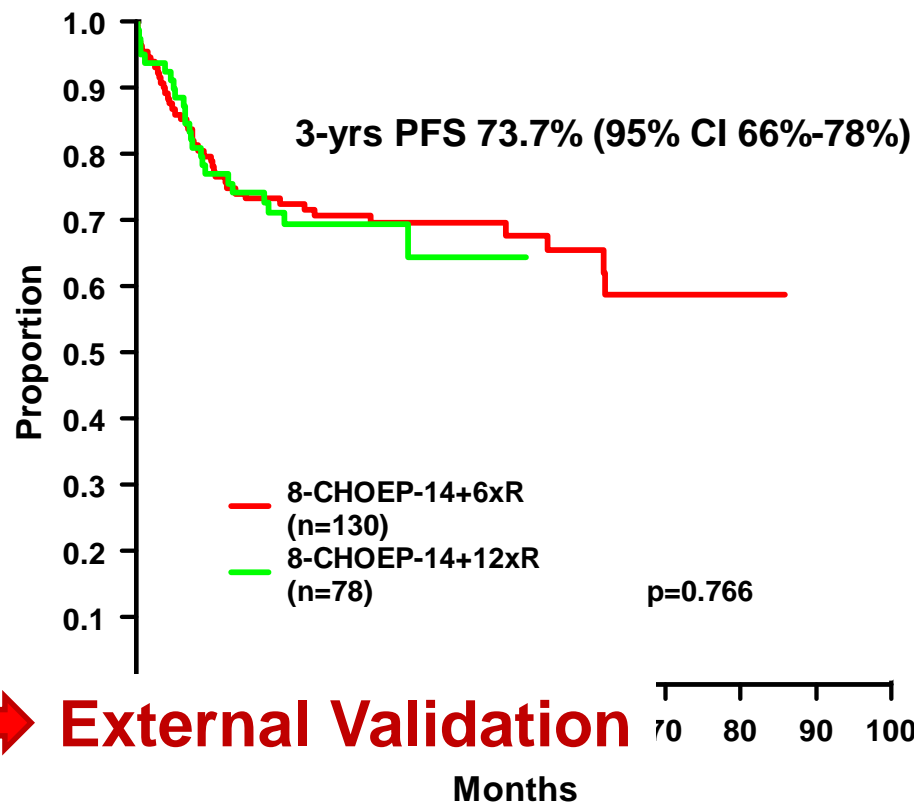
Phase-III

Subgroups defined by risk:

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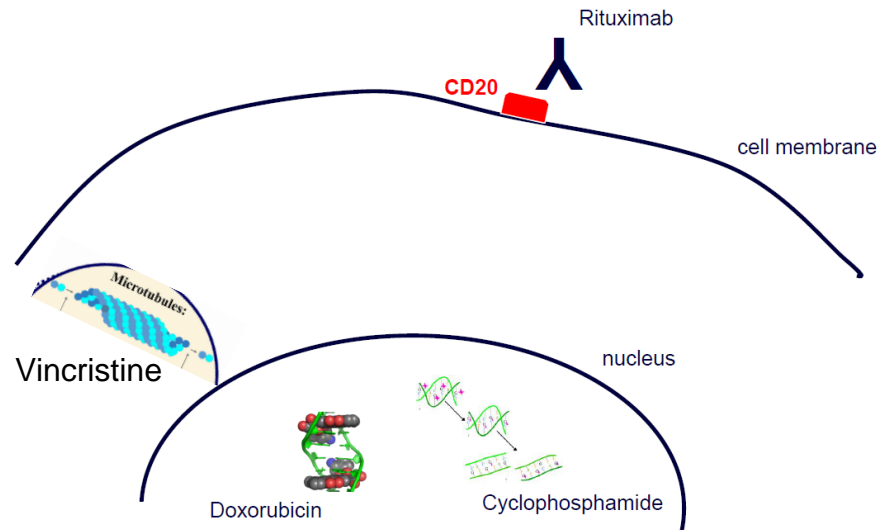


Hypothetical trial:

Improvement of R-CHOP by R-CHOEP in IPI_{≥2} patients:

Rationale:

The principle R-CHOP



Hypothetical trial:

Improvement of results by direct DNA interaction:

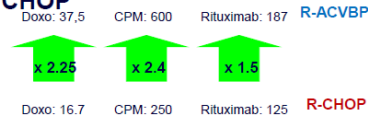
LNH03-2B:

18-60 years, aalPI=1

Main characteristics of R-ACVBP

- R-ACVBP (every two weeks)**
 - PDN: 60 mg/m²; d1-d5
 - Ritux: 375 mg/m²; d1
 - Doxo :75 mg/m²; d1
 - CPM: 1200 mg/m²; d1
 - Vindesine: 2 mg/m²; d1 & d5
 - Bleomycin 10 mg ; d1 & d5
 - Methotrexate (IT) 15 mg; d1
 - G-CSF 5 µg/kg/d; d6-d13
- Methotrexate**
3 g/m²; d1-d15
- R-Ifosfamide-VP16**
Ritux: 375 mg/m²; d1
Ifosfamide: 1.5g/m²; d1
VP16: 300 mg/m²; d1
- Ara-C**
100mg/m² sc, d1-d4

Increased dose-intensity (mg/m².wk) compared to R-CHOP

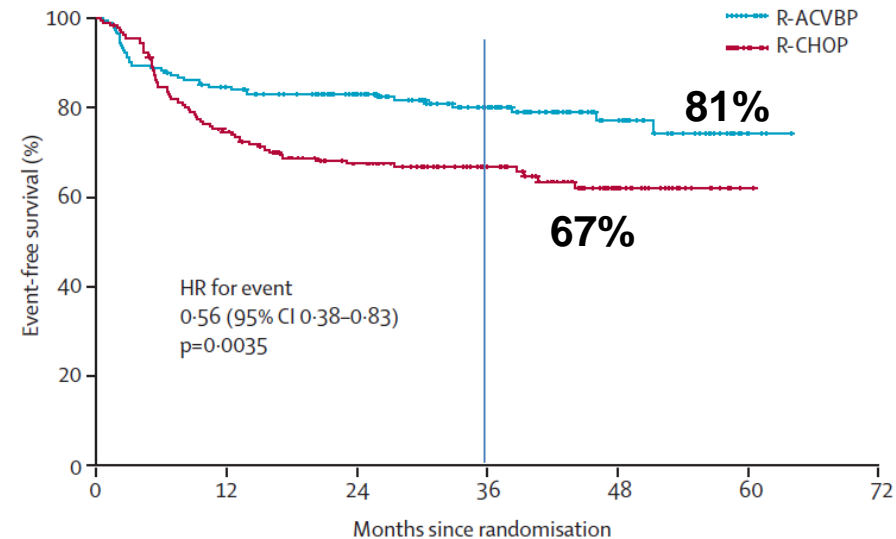


Sequential consolidation using second-line agents Ifosfamide, VP16, Ara-C

- CNS prophylaxis**
High-dose i.v Methotrexate
Intrathecal Methotrexate



Event-free survival



Hypothetical trial:

Improvement of results by direct DNA interaction:

CALGB-50303:

50303 5-yr EFS by IPI and age

	% of Pts	ALL	R-CHOP	DA-EPOCH-R	P-value
Age					0.073
≤ 60	59	71%	73%	70%	
> 60	41	63%	65%	61%	
IPI					<0.001
0-1	27	82%	90%	72%	
2	38	70%	72%	68%	
3	25	55%	50%	61%	
4-5	10	53%	40%	60%	

Phase-III

Hypothetical trial:

Improvement of R-CHOP by R-CHOEP in aalPI_{≥2} patients:

Statistical assumption:

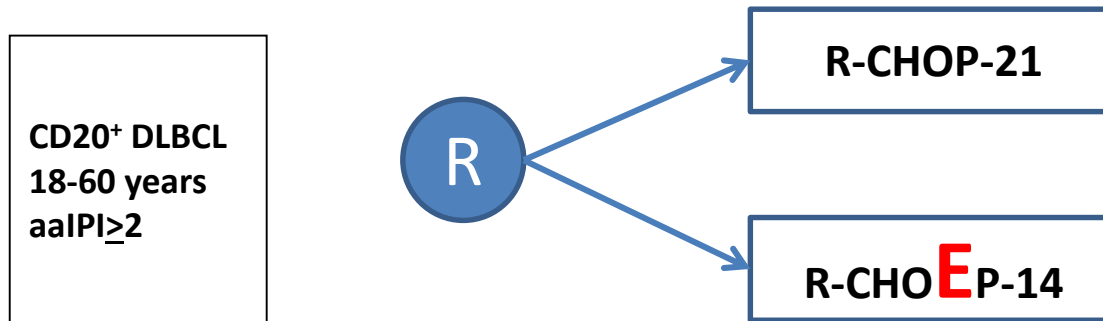
- R-CHOP-21 -> 2-yrs PFS = 64%,
- R-CHOEP-21 improves 2-yrs PFS by 7%,
- R-CHOEP-14 improves 2-yrs PFS of R-CHOEP-21 by 4%

➔ 2-yrs PFS of R-CHOEP-14 = 75%

Hypothetical trial:

Improvement of R-CHOP by R-CHOEP in aalPI \geq 2 patients:

Statistical analysis:



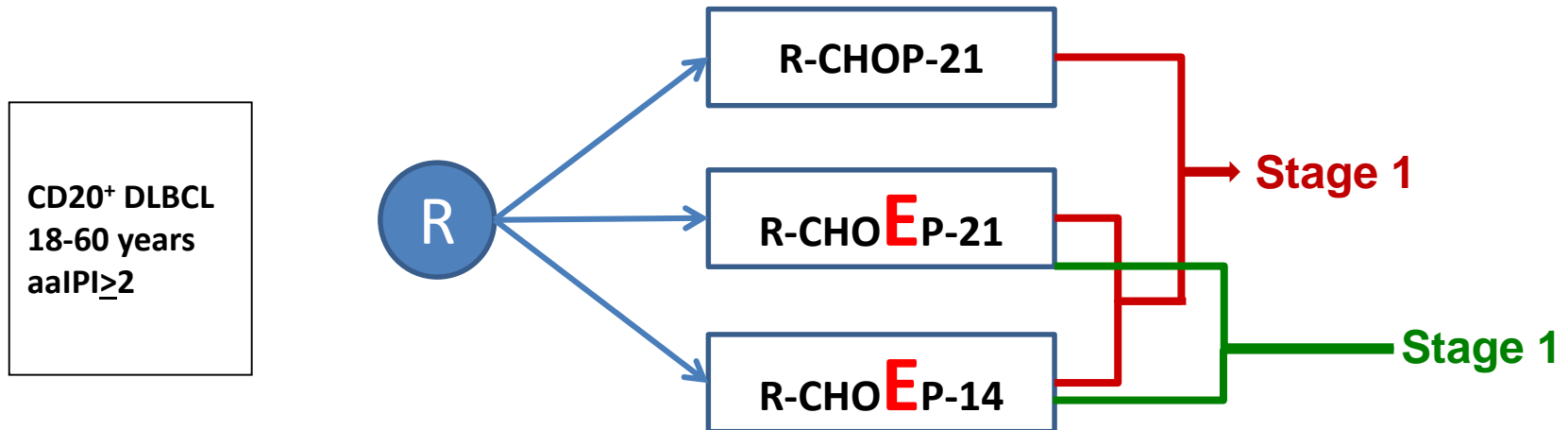
➡ 2-yrs PFS improved from 64% to 73%, 80% power, $\alpha=0.05$ (two-sided)

➡ Sample size: n=834 (417/417)

Hypothetical trial:

Improvement of R-CHOP by R-CHOEP in aalPI \geq 2 patients:

Adaptive design - Sample size reestimation:



➡ Stage 1: R-CHOP-21 vs. R-CHOEP-14/21

➡ Stage 2: sample size reestimation R-CHOEP-14 vs. R-CHOEP-21
based on observed Hazard ratios using prespecified boundaries

Phase-III

Hypothetical trial:

Improvement of R-CHOP by R-CHOEP in aalPI_{≥2} patients:



Conclusion

Trials in DLBCL:

- **Textbook of methods in clinical trials is valid**
 - **algorithm phase-I -> phase II -> phase III**
- **R-CHOP is more effective than assumed,**
- **We are reaching a plateau of efficacy,**
- **Do not overestimate efficacy of the experimental therapy**

Acknowledgement

Studiensekretariat Homburg / Saar:

Michael Pfreunds Schuh, Viola Pöschel...



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