ANZUP 1603

ANZUP Cancer Trials Group Limited

TheraP Trial News

www.anzup.org.au

Welcome to the second TheraP newsletter

Nine of the 11 planned sites are now open for recruitment. A huge thank you to all TheraP site staff for your ongoing hard work in getting this important study opened at your site and the fantastic start to recruitment! Congratulations to Dr Goh, Dr Pattison, Jenny and the team at Royal Brisbane & Women's Hospital, currently in the lead with 10 patients randomised.

Preventing patient withdrawals

Six patients have been withdrawn from the TheraP trial to date. Three of these patients were withdrawn for clinical reasons prior to randomisation, which is always a possibility. Unfortunately, three patients withdrew after they had been randomised but prior to treatment, and all of these patients had been randomised to receive cabazitaxel. We have little information on what happened to those patients subsequently. They will all be included in the analysis on an intention-to-treat basis but of course they never received cabazitaxel and some might go on to receive Lu-PSMA off-study.

Every withdrawal has a significant effect on the statistical power of the study. We cannot replace these patients, so it is imperative that we make every effort to ensure this does not happen.

The best way to ensure this is as follows:

- Identify potential patients on the basis that the next treatment to be recommended for them would be cabazitaxel, and that they are likely to be able to manage that treatment.
- Convince them that cabazitaxel is best option for them. Only after that point: raise the possibility of the trial as an option for them.
- Ensure they understand that the Lu-PSMA is an unproven treatment and they will not be disadvantaged by receiving cabazitaxel, which is the best available treatment for them and which is associated with a survival advantage.
- Go through the trial information and PICF with them, and give them adequate time to consider what is involved.
- Before consenting: confirm they understand and agree they will receive cabazitaxel if they are randomised to that arm.
- After consent: proceed to screening, with the understanding that screening might give results that indicate the trial is not suitable for them.
- Note inclusion criterion 14: "Willing and able to comply with all study requirements, including all treatments (cabazitaxel or Lu-PSMA); and, the timing and nature of all required assessments." If there is any question that the patient will not agree to be randomised to cabazitaxel then this violates inclusion 14: do not randomise them. You are not obliged to randomise the patient just because they have consented.

TheraP is a partnership between ANZUP and the Prostate Cancer Foundation of Australia (PCFA).

ANZUP is collaborating with NHMRC CTC to conduct the TheraP study.

Prostate Cancer Foundation of Australia

NHMRC Clinical Trials Centre

Funding and support from

Australian Government

ansto Nuclear-based science benefiting all Australians

ENDOCYTE

It's a Bloke Thing

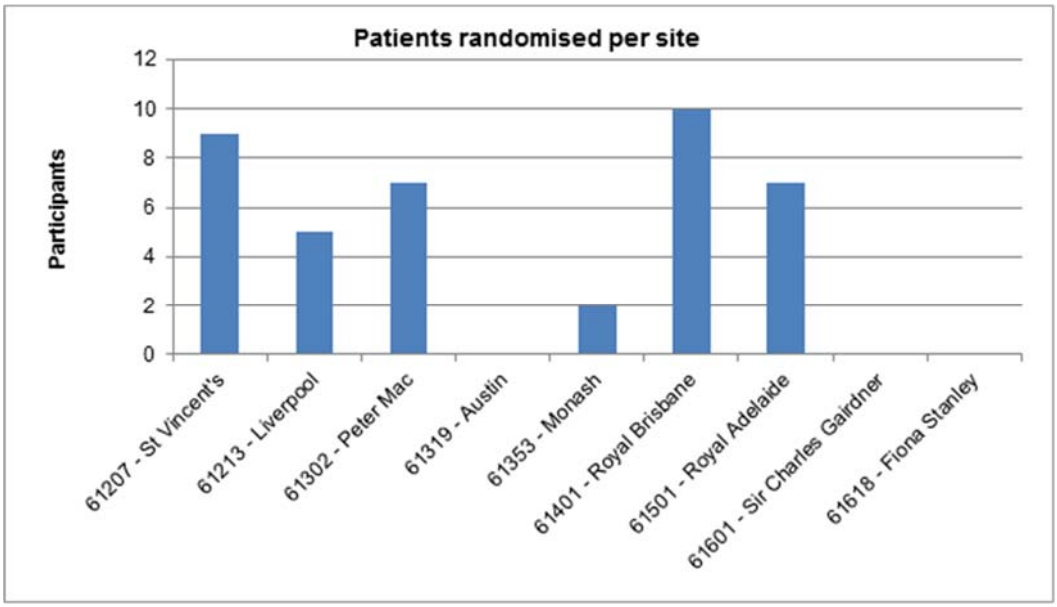
Movember Foundation

The Distinguished Gentleman's Ride

Current recruitment

To date, 40 patients have been randomised (or 20% of the recruitment target).

Please let CTC know via the trial email (therap@ctc.usyd.edu.au) if you experience any barriers to recruitment as it is important to address these as early as possible.



PSA response and progression

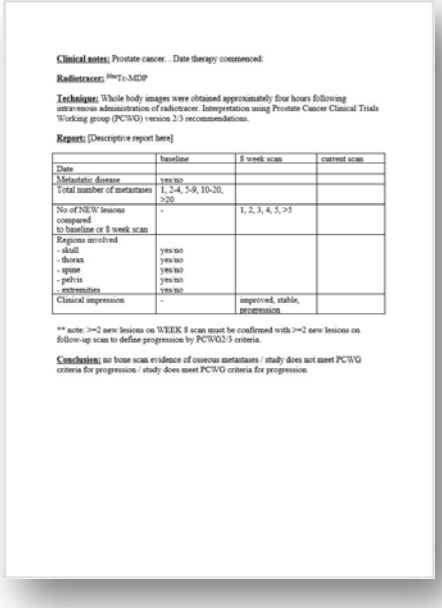
PSA response and progression are assessed using PCWG3 criteria for this trial. Below are a few hints and tips to assist with assessing PSA responses:

- **Baseline PSA value**
  - Baseline is the value taken within 7 days prior to cycle 1 day 1 of study treatment
  - Use this value as the baseline against which response is assessed

- **PSA progression**
  - Defined as a rise in PSA by more than 25% AND more than 2ng/mL above the nadir (lowest PSA point)
  - PSA progression must be confirmed by a repeat PSA at least 3 weeks later
  - PSA progression reported in the first 12 weeks of treatment should not be used to guide treatment decisions.

PCWG3 bone scan template

Attached to this newsletter is a template developed at Peter MacCallum Cancer Centre for standardised reporting of bone scans per PCWG3 criteria. The clinical trials team and oncologists at Peter MacCallum have found this template to be very useful and you are encouraged to consider its use at your site. Please let the trial team know at therap@ctc.usyd.edu.au if you have any questions.



Clinical notes: Prostate cancer…Date therapy commenced:

Radiotracer: ^{99m}Tc-MDP

Technique: Whole body images were obtained approximately four hours following intravenous administration of radiotracer. Interpretation using Prostate Cancer Clinical Trials Working group (PCWG) version 2/3 recommendations.

Report: [Descriptive report here]

	baseline	8 week scan	current scan
Date			
Metastatic disease	yes/no		
Total number of metastases	1, 2-4, 5-9, 10-20, >20		
No of NEW lesions compared to baseline or 8 week scan	-	1, 2, 3, 4, 5, >5	
Regions involved - skull - thorax - spine - pelvis - extremities	 yes/no yes/no yes/no yes/no yes/no		
Clinical impression	-	improved, stable, progression	

** note: >=2 new lesions on WEEK 8 scan must be confirmed with >=2 new lesions on follow-up scan to define progression by PCWG2/3 criteria.

Conclusion: no bone scan evidence of osseous metastases / study does not meet PCWG criteria for progression / study does meet PCWG criteria for progression

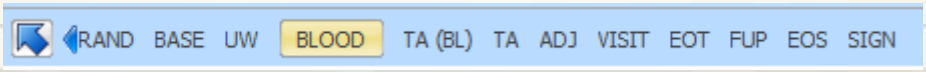
Translational research hints and tips

RESEARCH BLOOD COLLECTION TIMEPOINTS

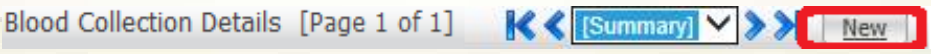
- Collect Translational Research (TR) bloods from all participants at:
  - Cycle 1 Day 1 (Baseline)
  - Cycle 3 Day 1 (Lu-PSMA arm) (week 13 day 1) **or** Cycle 5 Day 1 (cabazitaxel arm) (week 13 day 1)
  - At first progression (PSA or radiological) (before starting subsequent therapy)
- **TIP** If TR blood was not collected at the scheduled timepoint, collect at the next clinic visit.
- Progression bloods can be collected at any time before starting subsequent therapy.
- Bloods for **PSA progression** should not be collected until PSA progression is **confirmed** by a second reading 3 weeks after the initial reading.

RESEARCH BLOODS – DATA

- Enter all TR blood collections into InForm:
  - Enter every TR blood collection in the BLOOD visit



  - Click New (far right) to create the form for each TR blood timepoint



- Email the completed blood collection form in real time to therap@ctc.usyd.edu.au
- TIP If a TR blood timepoint is missed (and will never be collected), go to the blood form in InForm, answer "Was blood collected and processed at this timepoint according to the protocol?" as No and provide the reason in the free text box.

ACTION REQUIRED

Please complete all outstanding InForm entries and **email** all outstanding blood collection forms to therap@ctc.usyd.edu.au

TheraP key contacts

- **Clinical trial operations, CTC E:** therap@ctc.usyd.edu.au **and** kate.ford@ctc.usyd.edu.au
- **Sponsor queries (e.g. site payments, contracts) E:** simran.chawla@anzup.org.au **T: +61 2 8036 5271**
- **Coordinating PI:** Michael Hofman E: michael.hofman@petermac.org
- **Trial pages:** https://www.ctc.usyd.edu.au/our-research/clinical-trials/trial-pages-login.aspx (log in required) here you will find downloadable copies of all study documents and tools.
- **ANZUP ClinTrial Refer app available for download from iTunes and Google Play**