ANZUP Cancer Trials Group Limited

DASL-HiCaP (ANZUP 1801) Trial News

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Thank you!

Thank you to everyone for their hard work in helping DASL-HiCaP reach its final recruitment target right on time. Even though recruitment is closed, there's still plenty more ahead for the study, with many participants still on active treatment or in follow-up.

Final recruitment numbers for each country are in Table 1 below. We also want to highlight our star recruiters (Table 2), who all hit 50 participants or more!

Randomisations per region (Table 1)

Country	# Sites activated	# Participants randomised
Australia	29	574
Canada	19	318
US	9	73
UK	10	59
New Zealand	3	47
Ireland	9	36
Global total	79	1107

"And now we wait for the read-out. The last patient was enrolled August 2023 and all patients will have completed protocol therapy and will be in follow-up from August 2025 off therapy. This is an incredible achievement.

We are still in a critical part of the study as we need to continue following patients for MFS events per protocol. Based on our experience with ENZARAD we have a well-trodden path to accurately collect MFS events on conventional scans on WBBS and CT A/P or CT portion of PSMA-PET-CT. Events are starting to accumulate in the database and the outcome is still on track to provide critical information for how to treat patients with high risk localised prostate cancer – with either primary or salvage radiation.

Thanks DASL-HiCaP investigators for being an amazing global team."

Chris Sweeney and Tamim Naizi
DASL-HiCaP Study Co-Chairs

Top recruiting sites (Table 2)

PI	Site	Country	No. Pts Randomised
Tee Sin Lim	GenesisCare Fiona Stanley Hospital	Australia	101
Hans Chung	Odette Cancer Centre - Sunnybrook Hospital	Canada	55
Tamim Niazi	Jewish General Hospital	Canada	55
Annie Ebacher	Centre Hospitalier Universitaire de Sherbrooke	Canada	50

1. Drug

1.1 Expiring Kits

There are a number of DASL drug batches that are due to expire this year. The Medidata system will not dispense any drug that is **within 112 days of expiry at the date of dispensation**. This is to safeguard against expiry during the regular cycle (please still check though!).

Medidata cannot account for drug that is dispensed **substantially before** a corresponding dispensing visit, or that is kept after the end of the cycle.

It is often standard practice in clinical trials for study teams to dispense drug prior to the participant's visit, however, this should only be done **a few days prior** and only with confirmation from the participant and investigator that the participant is coming in for the visit and will continue with study drug. If for any reason a kit needs to be dispensed more than a few days prior to a visit, please contact the CTC for manual allocation of a kit with appropriate expiry.

1.2 Collection of Returns

It is pertinent to the study and participant safety that **all study drug is collected from participants at each dispensing visit**, prior to dispensing a new kit.

If a participant forgets to bring in their study drug, ensure reminders are set for their next visit. If study drug is returned directly to pharmacy, ensure there is appropriate communication between the pharmacy and study coordination team.

2. Ceasing Study Drug vs Withdrawal

There is a clear difference between stopping drug and withdrawing participation from the study. Ideally, if participants are not happy taking the medication, they can stop and continue in the study. Withdrawal from the study should be a last resort. All discussions with participants regarding ceasing study medication or withdrawals must be well documented in the source notes. The term "withdrawn from study" should not be used unless the participant refuses all study follow-up, which is rare.

2.1 Ceasing Study Drug

Participants are free to cease study medication prior to the end of the 96-week treatment period. They do not need to give a reason (however, reasons are helpful) and should be informed that it will not affect their treatment on the study or with their regular doctor.

Participants should continue with study visits per protocol, however, if the study schedule is too onerous, visits can be flexible (phone calls, less frequent, less data points, data from medical records and doctors). **At a minimum, vital status and disease progression should be collected**.

2.2 Study Withdrawal

Participants are also free to withdraw participation in the study, however, this does affect their study treatment, in that, it ceases. This is not ideal and site staff should explain all the options to participants and endeavour to understand the participant's reasoning prior to completing the withdrawal process.

3. SAE Reporting: Relatedness

We appreciate everyone's diligence in reporting SAEs on DASL!
While we have seen few SAEs reported as related to the study drug, we have noted a number of misunderstandings with regards to this key reporting measure.

3.1 Definitions

An AE is any unfavourable or unintended sign (including an abnormal laboratory finding), symptom, or disease temporally associated with the use of a medicinal investigational product, whether or not considered related to the medicinal product.

An SAE is any AE that meets the criteria of seriousness – briefly: death, life-threatening, hospitalisation, disability/incapacity, other important medical events.

Relatedness must be determined as soon as possible once study teams are made aware of an SAE. Relatedness must be determined by an investigator as one of the following:

- Definitely related
- Probably related
- Possibly related
- Unlikely related
- Not related

If investigators are uncertain of relatedness, a classification of “possibly” or “unlikely” related should be selected. Once a level of relatedness is determined, it can be amended – either upgraded or downgraded – however, it is important for a relatedness assessment to be made early in the SAE reporting process.

3.2 Relatedness in DASL

Relatedness in DASL is only assessed for the study drug (darolutamide/placebo).
Relatedness is not assessed for any of the background treatments including LHRHA, radiation therapy, and docetaxel.

The question "Was darolutamide/placebo given in this assessment period?" has resulted in some confusion. This field is important for regulatory reporting requirements.
The answer to this question is “yes” if the participant was taking the study drug within 30 days prior to SAE onset or during the admission. For example, if the participant stopped the study drug when the SAE started, this should be entered as "yes".

If the participant had stopped taking the study drug more than more than 30 days prior to the SAE, the answer would be “no”.

4. Data Management

Thank you for your ongoing efforts in entering the DASL trial data in a timely manner. Please keep up the great work and continue to check the EDC tasks in Medidata regularly to address any non-conformant data, open queries, and overdue tasks.

Please continue to refer to the ‘DASL eCRF Completion Guidelines V2.0’ for guidance on correct data entry and do not hesitate to email the DASL mailbox if any clarification is required.

4.1 Follow-Up Visits

As more participants move into the follow-up phase of the trial, a reminder to continue to collect data per the protocol schedule of assessments. If a participant is in remote follow-up (e.g. follow-up through medical records only) continue to enter FUP visits as per the expected schedule, collecting as much data as possible. If a particular FUP visit was not conducted, create a follow up visit folder all the same and complete the date form, with the expected visit date and a reason why the visit was missed.

4.2 Reporting AEs

Finally, a reminder that the AE YN form in the EOT folder should capture AEs reported up to 30 days after the last dose date as per protocol. This assessment can be done either over the phone or retrospectively at the next visit.

5. Imaging Module

The DASL Imaging module is available for uploading scan reports and images. Please upload all the scan images and reports for all randomised participants from screening until progression.

As per protocol, imaging must include diagnostic quality imaging of both the pelvis and the abdomen (CT or MRI), chest (CXR or CT) and a WBBS. Any diagnostic imaging performed for the participants, should be uploaded to the Imaging Module. Below is the summary of participants and expected scans per region.

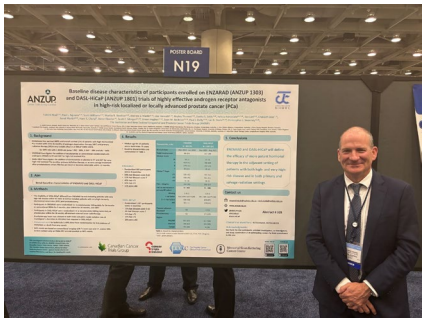
Region	# Rand Pts	# Scans uploaded to Imaging Module*	Total required (as per EDC)*	% of scans uploaded
AUS	574	724	1931	37%
NZ	47	72	152	47%
Canada	318	131	1026	13%
USA	73	28	227	12%
IRE	36	3	114	2%
UK	59	12	192	6%
TOTAL	**1107**	**913**	**3642**	**25%**

* Data as of 9Apr24

DASL-HiCaP at ASCO #GU24

It was great to see ANZUP's poster at ASCO #GU24

'Baseline disease characteristics of participants enrolled on ENZARAD & DASL-HiCaP'



Collaborators

In collaboration with:

cancer trials ireland

Canadian Cancer Trials Group

Memorial Sloan Kettering Cancer Center

pcdtc The Prostate Cancer Clinical Trials Consortium

NHMRC Clinical Trials Centre

We also acknowledge Bayer for their product and funding support:

BAYER

Trial sponsor:

THE UNIVERSITY OF SYDNEY

STUDY CO-CHAIRS

Chris Sweeney and Tamim Niazi

Contact the team:

If your site has any questions about site start-up, patient eligibility, treatment schedules, or anything else, please don't hesitate to contact the study team at dasl.study@sydney.edu.au.

DASL-HiCaP key contacts

- **Clinical trial operations, CTC E:** dasl.study@sydney.edu.au
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