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TITLE: Development of Pain Endpoint Models for Use in Prostate Cancer Clinical Trials and Drug Approval

PRINCIPAL INVESTIGATOR: Dr. Ethan Basch

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<b>13. SUPPLEMENTARY NOTES</b>									
<b>14. ABSTRACT</b>  OBJECTIVE: The objective of this work is to establish standard methods for measuring pain palliation and pain progression in prostate cancer clinical trials that are feasible, methodologically rigorous, and meet regulatory requirements for drug approval and labeling. The primary aim of this award is to conduct an observational longitudinal study in men with castrate-resistant metastatic prostate cancer receiving docetaxel-based chemotherapy, in order to establish key design elements of a pain endpoint model which can be used in pivotal trials. SUMMARY: We report the following progress: (1) the study designed to address Aim 1 is accruing patients at all four sites; (2) a manuscript resulting from the work described in Aim 2 has been published in the journal <i>European Urology</i> , titled: "Effects of Cabozantinib on Pain and Narcotic Use in Patients with Castration-resistant Prostate Cancer: Results from a Phase 2 Nonrandomized Expansion Cohort" and (3) the manuscript resulting from work described in Aim 3 has been published by the journal <i>Cancer</i> , titled: "Pain Palliation Measurement in Cancer Clinical Trials: The US Food and Drug Administration Perspective." Both manuscripts have been attached to annual report submitted to Department of Defenses in November 2015.									
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## INTRODUCTION

Pain is common in men with metastatic prostate cancer and can substantially impair functioning and quality of life. Regulatory standards for the design of symptom endpoints have evolved substantially over the past decade (culminating in an FDA Guidance document issued on this topic in December 2009), and approaches used previously to assess cancer-related pain and analgesic use are no longer considered sufficiently methodologically rigorous. The objective of this work is to establish standard methods for measuring pain palliation and pain progression in prostate cancer clinical trials that are feasible, methodologically rigorous, and meet regulatory requirements for drug approval and labeling. The primary aim of this award is to conduct an observational longitudinal study in men with castrate-resistant metastatic prostate cancer receiving docetaxel-based chemotherapy, in order to establish key design elements of a pain endpoint model which can be used in pivotal trials. The second aim is to analyze data from a feasibility study of pain assessment nested within an industry-sponsored phase II treatment trial conducted in the Prostate Cancer Clinical Trials Consortium. The third aim is to conduct literature reviews and moderate a consensus meeting, with input from investigators in the Prostate Cancer Clinical Trials Consortium, FDA Office of Oncology Drug Products, FDA Study Endpoint and Label Development Team, and FDA Division of Anesthesia, Analgesia and Rheumatology Products, in order to establish discrete guidelines and produce a publication delineating key methodological components of pain studies in prostate cancer.

## KEYWORDS

Pain, metastatic castrate resistant prostate cancer, clinical trials, FDA, study endpoints

## OVERALL PROJECT SUMMARY

In this section, we report the progress made towards the completion of each Aim.

**Aim 1 To conduct an observational longitudinal study in men with castrate-resistant metastatic prostate cancer receiving docetaxel-based chemotherapy, in order to establish key design elements of a pain endpoint model which can be used in pivotal trials.**

- The award was originally grant to Memorial Sloan Kettering Cancer Center
- Initial award period 30 SEPT 2011-29 SEPT 2014
- In 2011, Dr. Ethan Basch moved from Memorial Sloan Kettering Cancer Center to University of North Carolina at Chapel Hill
- The award was relinquished by MSKCC to UNC in 2011, but administrative delays prevented Pain Registry study from opening until 2013 (aim 1)
- The second award period was 30 SEPT 2011-29 SEPT 2015
- In AUG 2015 we requested a 30 months no cost extension, as we were currently in progress of obtaining HRPO approval to re-open the study at MSKCC. This was approved on 29 SEPT 2015.
- The current award period is 30 SEPT 2011-31 MARCH 2018

The table below lists Tasks of Aim 1 as outlined in the Statement of Work (PC100563 Basch 7-20-2011, revised 10-7-2016)

Summary of events:

SITE	Date of Initial IRB Approval	Date of Initial HRPO Approval	Date of First Enrollment	Projected Date of Closure to Accrual	Projected Date of Closure to Participant Follow-up	Data Analysis End Date	Projected Study End Date
UNC	29 JAN 2013	15 AUG 2013	23 JAN 2014	31 DEC 2016	30 SEPT 2017	31 MAR 2018	31 MAR 2018
OHSU	10 MAY 2013	27 AUG 2013	22 APR 2014	29 FEB 2016	28 FEB 2017	NA	28 FEB 2017
JHU	9 MAY 2013	29 AUG 2013	28 MAY 2014	29 FEB 2016	28 FEB 2017	NA	28 FEB 2017
UW	6 NOV 2013	14 MAR 2014	12 SEPT 2014	29 FEB 2016	28 FEB 2017	NA	28 FEB 2017
MSKCC	15 JUL 2015	11 NOV 2015	23 DEC 2015	31 DEC 2016	30 SEPT 2017	NA	30 SEPT 2017

**Table 1. Current Status of Tasks Outline in Scope of Work**

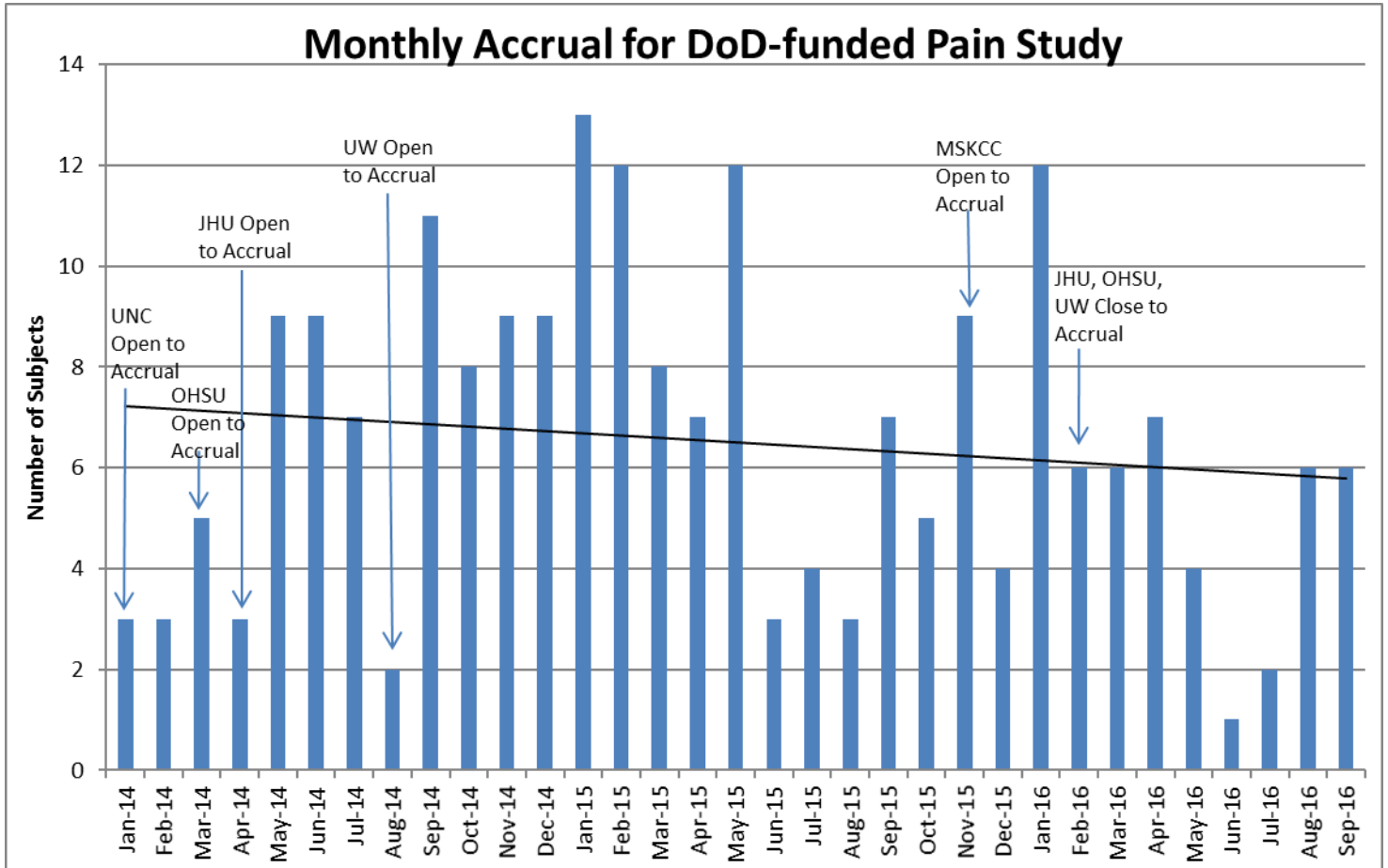
<b>Task 1. Develop study protocol and obtain IRB approval (Months 1 – 6)</b>													
<b>IN PROGRESS</b>													
1a. Submit Letter of Intent to Prostate Cancer Clinical Trials Consortium (Month 23) <b>Completed – AUG 2013</b>													
1b. Elicit input on study design from collaborators (Months 1 – 2) <b>Completed</b>													
1c. Draft study protocol, including all case report forms (CRFs) (Months 1 – 3) <b>Completed</b>													
1d. Submit protocol to departmental review committees at UNC (Month 14) <b>Completed – NOV 2012</b>													
1e. Obtain IRB approval at UNC (Months 19) Note: Revise protocol to indicate UNC is now coordinating center. Submit for IRB approval at UNC (Month 20). Administrative delays prevented the opening of the study at UNC Chapel Hill until JAN 2013 <b>Completed – JAN 29 2013</b>													
1f. Submit for IRB review at participating sites:													
<table border="1"> <thead> <tr> <th>SITE</th> <th>Date of Initial IRB Approval</th> </tr> </thead> <tbody> <tr> <td>OHSU</td> <td>10 MAY 2013</td> </tr> <tr> <td>JHU</td> <td>9 MAY 2013</td> </tr> <tr> <td>UW</td> <td>6 NOV 2013</td> </tr> <tr> <td>MSKCC</td> <td>15 JUL 2015</td> </tr> </tbody> </table>		SITE	Date of Initial IRB Approval	OHSU	10 MAY 2013	JHU	9 MAY 2013	UW	6 NOV 2013	MSKCC	15 JUL 2015		
SITE	Date of Initial IRB Approval												
OHSU	10 MAY 2013												
JHU	9 MAY 2013												
UW	6 NOV 2013												
MSKCC	15 JUL 2015												
<b>Completed – JUL 15 2015</b>													
1g: Complete the transition of the award from MSKCC (original lead site) to UNC (SEPT 2013, Month 24) <b>Completed – SEPT 30 2013</b>													
1h. Submit each site for HRPO review:													
<table border="1"> <thead> <tr> <th>SITE</th> <th>Initial HRPO Approval Date</th> </tr> </thead> <tbody> <tr> <td>UNC</td> <td>15 AUG 2013</td> </tr> <tr> <td>OHSU</td> <td>27 AUG 2013</td> </tr> <tr> <td>JHU</td> <td>29 AUG 2013</td> </tr> <tr> <td>UW</td> <td>14 MAR 2014</td> </tr> <tr> <td>MSKCC</td> <td>11 NOV 2015</td> </tr> </tbody> </table>		SITE	Initial HRPO Approval Date	UNC	15 AUG 2013	OHSU	27 AUG 2013	JHU	29 AUG 2013	UW	14 MAR 2014	MSKCC	11 NOV 2015
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UNC	15 AUG 2013												
OHSU	27 AUG 2013												
JHU	29 AUG 2013												
UW	14 MAR 2014												
MSKCC	11 NOV 2015												
<b>Completed – NOV 11 2015</b>													

<b><u>Task 2. Prepare for data collection and analysis (Months 1 – 6)</u></b> <b>IN PROGRESS</b>
2a. Develop IVRS platform (Months 1 – 3) <b>Completed</b>
2b. Develop study databases on secure, password-protected server (Months 3 – 6) <b>Completed</b>
2c. Draft statistical analysis plan and elicit feedback from collaborators (Months 1 – 6) <b>In Progress</b>
<b><u>Task 3. Implement study protocol (Months 23-60)</u></b> <b>IN PROGRESS</b>
3a. Conduct site orientations (Month 25-48) <b>Completed</b>
3b. Recruit and enroll patients (Months 23-61) <b>In Progress</b>
3c. Track accrual/follow-up, conduct weekly telephone meetings with site data managers, and conduct monthly telephone meetings with site PIs (Months 23-75) <b>In Progress</b>
<b><u>Task 4. Analyze study data (Months 23 – 72)</u></b>
4a. Import data from IVRS to secure study database (Months 23 – 78) <b>In Progress</b>
4b. Collect CRFs completed by clinic staff on monthly basis (Months 23 – 73) <b>In Progress</b>
4c. Enter CRF data into secure study database (Months 23 – 78) <b>In Progress</b>
4d. Perform data quality audits on monthly basis (Months 23 – 78) <b>In Progress</b>
4e. Analyze data, per SAP, and prepare tables and figures (Months 47 – 78) <b>Future</b>
4f. Prepare manuscripts and abstracts with input from collaborators (Months 47 – 78) <b>Future</b>

The current accrual for each site is as follows:

<b>SITE</b>	<b>Number of Patients Screened and Approached</b>	<b>Number of Patients Enrolled</b>	<b>Consent Rate %</b>	<b>Target Accrual</b>	<b>% Target Accrual Reached</b>	<b>Accrual Status</b>
UNC	50	47	94%	48	98%	OPEN
MSKCC	37	31	84%	27	115%	OPEN
OHSU*	65	52	80%	50	104%	CLOSED
JHU*	73	57	78%	65	88%	CLOSED
UW*	40	28	70%	30	93%	CLOSED
<b>TOTAL</b>	<b>265</b>	<b>215</b>	<b>81%</b>	<b>220</b>	<b>98%</b>	

\*Sites are closed to accrual as of 29-FEB-2016. Participant follow-up continues until 28-FEB-2017.



We have a total accrual target of 220, with current accrual at 215. Although we were due to stop accrual as of September 30, 2016, we feel confident in our ability to recruit the remaining participants within the calendar year. After resetting the total patient accrual from 400 to 220 in August 2015, we feel it necessary to reach this accrual target. As stated in the previous annual review, although accrual has been slower than originally hoped, follow up and compliance have been higher than anticipated resulting in richer follow-up data and better overview of outcome

Through the careful work of the project coordinators (Sarah Drier, Phillip Carr, and Ryan Brooks) we have strong relationships with the research staff at each of the studies sites. The activities of the study are progressing well and there are open lines of communication with the sites to ensure data quality. The renewal of subcontracts and the renewal of IRB approvals (continuing review) is proceeding well at each site.

**Aim 2** To analyze data from a feasibility study of pain assessment nested within an industry-sponsored phase II treatment trial conducted in the Prostate Cancer Clinical Trials Consortium.

Data analysis from pain assessment nested in a phase II clinical trial of cabozantinib has been analyzed. The manuscript, published by the journal *European Urology*, has been attached to the annual report submitted to Department of Defenses in November 2015.

Basch E, Autio KA, Smith MR, et al: Effects of Cabozantinib on Pain and Narcotic Use in Patients with Castration-resistant Prostate Cancer: Results from a Phase 2 Nonrandomized Expansion Cohort. *Eur Urol*. 2015 Feb;67(2):310-8. doi: 10.1016/j.eururo.2014.02.013. PMID: 24631409

**Aim 3** To conduct literature reviews and moderate a consensus meeting, with input from investigators in the Prostate Cancer Clinical Trials Consortium, FDA Office of Oncology Drug Products, FDA Study Endpoint and Label Development Team, and FDA Division of Anesthesia, Analgesia and Rheumatology Products, in order to establish discrete guidelines and produce a publication delineating key methodological components of pain studies in prostate cancer.

A meeting with the relevant stakeholders was held. A manuscript was written with FDA collaboration. This manuscript, published by the journal *Cancer*, has been attached to the annual report submitted to Department of Defenses in November 2015.

Basch E, Trentacosti AM, Burke LB, Kwitkowski V, Kane RC, Autio KA, Papadopoulos E, STansbury JP, Kluetz PG, Smith H, Justice R, Pazdur R. Pain Palliation Measurement in Cancer Clinical Trials: The US Food and Drug Administration Perspective. *Cancer*, 2014 Mar 1;120(5):761-7. doi: 10.1002/cncr.28470

## **KEY RESEARCH ACCOMPLISHMENTS**

**Aim 1.** The study is open and accruing patients at two sites, UNC and MSKCC. The study closed to accrual at three sites, JHU, UW, and OHSU, as of 2/29/2016.

**Aim 2.** A study was designed and conducted with an industry sponsor phase II trial. Results were analyzed and manuscript was published in *European Urology* (Basch, *Euro Urol* 2015) In addition, patient understanding and acceptance of the worst pain NRS was established in this population (Bennett et al, ASCO and ISPOR, 2013). The manuscript and abstracts are included in the Appendix.

**Aim 3.** A meeting with the relevant stakeholders was held and a manuscript was written with FDA collaboration. This manuscript was been published by the journal *Cancer*. (Basch, *Cancer* 2014), has been attached to the annual report submitted to Department of Defenses in November 2015.

The findings of Aim 2 and Aim 3 are described below in REPORTABLE OUTCOMES

## **CONCLUSIONS**

The observational longitudinal study (Aim 1) has accrued 215 of 220 participants. At this time, the study is still open and accruing patients at two of the five study sites (UNC and MSKCC), and three study sites (OHSU, JHU, and UW) closed to accrual on February 29, 2016. All sites are actively following their enrolled participants. We have strong working relationships with each of the sites which will facilitate management of the study and ensure data quality as we complete recruitment and study activities at each institution. We anticipate that we will finish accrual by December 31, 2016 at the latest. As noted in the Summary of Events table, the study will close to follow up at all sites by September 30, 2017, and data analysis will be completed by March 31, 2018. Aims 2 and 3 of this project are now complete, with each resulting in a peer-reviewed manuscript published in high impact journals.

## **PUBLICATIONS, ABSTRACTS, AND PRESENTATIONS**

Basch E, Autio KA, Smith MR, et al: Effects of Cabozantinib on Pain and Narcotic Use in Patients with Castration-resistant Prostate Cancer: Results from a Phase 2 Nonrandomized Expansion Cohort. *Eur Urol.* 2015 Feb;67(2):310-8. doi: 10.1016/j.eururo.2014.02.013. PMID: 24631409

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Bennett AV, Eremenco S, Heon N, Scheffold C, Schimmoller F, Weitzman AL, Basch E. Mode equivalence of Interactive Voice Response (IVR) and paper versions of the Brief Pain Inventory (BPI) "worst pain" item in metastatic resistant prostate cancer (MCPRC) evaluated conceptually using qualitative methods. *International Society for Pharmacoeconomics and Outcomes Research. 16<sup>th</sup> Annual European Congress*, Dublin, Ireland, November 2-6, 2013.

Bennett AV, Atkinson TM, Heon N, O'Keefe B, Scheffold C, Schimoller F, Basch E. Qualitative assessment of the Brief Pain Inventory (BPI) "pain at its worst in the last 24 hours" item to support assessment of pain as a clinical trial endpoint in metastatic castrate resistant prostate cancer (mCRPC) per FDA labeling standards. *Abstract. American Society of Clinical Oncology. Chicago IL, June 1-5, 2013.*

## **INVENTIONS, PATENTS AND LICENSES**

None

## REPORTABLE OUTCOMES

**Aim 1** – Research is in progress

**Aim 2** – Research findings include:

1. Collection of pain data via automated telephone system is feasible in a clinical trial including symptomatic men with advanced metastatic CRPC that is heavily pretreated.
2. Tabulation of total analgesic dose is feasible and can be combined with pain intensity data in clinical trial response and definition.
3. Content validity of a patient pain diary was established
4. Patient understanding and acceptance of the worst pain NRS was established in this population (Bennett et al, ASCO and ISPOR, 2013)
5. Related end points including sleep quality and general activity were significantly associated with pain response.
6. Results of the phase 2 pain analysis: Cabozantinib demonstrated clinically meaningful pain palliation, reduced or eliminated patients' narcotic use, and improved patient functioning, thus meriting prospective validation in phase 3 studies. (Basch, Euro Urol, 2015)
7. Results from this phase II pain assessment served as rationale for design of phase 3 trial with primary pain endpoints.

**Aim 3** – Key findings of this paper (Basch, Cancer 2014) include articulations of current FDA thinking about the design end points in cancer trials. This includes:

1. Methodological criteria for selective pain measurements
2. Approaches for analgesic tabulation
3. Approach to demonstrating durability of pain response
4. Role of pain end points in drug approval and labeling
5. Issues related to pain measurements in open and unblinded trials

## OTHER ACHIEVEMENTS

None at this time

## REFERENCES

Basch E, Autio KA, Smith MR, et al: Effects of Cabozantinib on Pain and Narcotic Use in Patients with Castration-resistant Prostate Cancer: Results from a Phase 2 Nonrandomized Expansion Cohort. *Eur Urol*. 2015 Feb;67(2):310-8. doi: 10.1016/j.eururo.2014.02.013. PMID: 24631409

Basch E, Trentacosti AM, Burke LB, Kwitkowski V, Kane RC, Autio KA, Papadopoulos E, STansbury JP, Kluetz PG, Smith H, Justice R, Pazdur R. Pain Palliation Measurement in Cancer Clinical Trials: The US Food and Drug Administration Perspective. *Cancer*, 2014 Mar 1;120(5):761-7. doi: 10.1002/cncr.28470. PMID: 24375398

Bennett AV, Atkinson TM, Heon N, O'Keefe B, Scheffold C, Schimoller F, Basch E. Qualitative assessment of the Brief Pain Inventory (BPI) "pain at its worst in the last 24 hours" item to support assessment of pain as a clinical trial endpoint in metastatic castrate resistant prostate cancer (mCRPC) per FDA labeling standards. Abstract. American Society of Clinical Oncology. Chicago IL, June 1-5, 2013.

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## **APPENDICES**

The following manuscripts and abstracts have been attached to the annual report submitted to Department of Defense in November 2015. Please see enclosed PDF at the bottom of this page.

Basch E, Autio KA, Smith MR, et al: Effects of Cabozantinib on Pain and Narcotic Use in Patients with Castration-resistant Prostate Cancer: Results from a Phase 2 Nonrandomized Expansion Cohort. *Eur Urol.* 2015 Feb;67(2):310-8. doi: 10.1016/j.eururo.2014.02.013. PMID: 24631409

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Bennett AV, Eremenco S, Heon N, Scheffold C, Schimmoller F, Weitzman AL, Basch E. Mode equivalence of Interactive Voice Response (IVR) and paper versions of the Brief Pain Inventory (BPI) "worst pain" item in metastatic resistant prostate cancer (MCPRC) evaluated conceptually using qualitative methods. International Society for Pharmacoeconomics and Outcomes Research. 16th Annual European Congress, Dublin, Ireland, November 2-6, 2013.



Appendix for DOD  
Annual Report 2015