687P | UPDATED EFFICACY, BIOMARKER, AND EXPOSURE-RESPONSE DATA FROM A PHASE 2 STUDY OF RILOTUMUMAB (R) PLUS EPIRUBICIN, CISPLATIN, AND CAPECITABINE (ECX) IN GASTRIC (G) OR ESOPHAGOGASTRIC JUNCTION (EGJ) CANCER

I. Davidenko[1], T. Iveson[2], R.C. Donehower[3], S. Tjulandin[4], A. Deptala[5], Y. Jiang[6], M. Zhu[6], K.S. Oliner[6], S. Dubey[7], E. Loh[7]

[1]Krasnodar/RU, [2]Southampton/UK, [3]Baltimore, MD/US, [4]Moscow/RU, [5]Warsaw/PL, [6]Thousand Oaks, CA/US, [7]South San Francisco, CA/US

Background

R (AMG 102) is an investigational, fully human monoclonal antibody to hepatocyte growth factor/scatter factor, the MET receptor ligand. Safety and efficacy of a placebo-controlled, double-blind, randomized phase 2 study of R + ECX in G/EGJ cancer from a 12.5-month (mo) follow up were previously reported (Iveson et al, Eur J Cancer. 2011; 47(suppl 1):S443. abstract 6.504). Updated data from a 21.7-mo follow up are presented.

Methods

Eligibility included unresectable, locally advanced or metastatic G/EGJ adenocarcinoma; ECOG PS ≤1; and no prior systemic therapy for this disease. Patients (pts) were randomized 1:1:1 to ECX (50 mg/m2 IV day 1, 60 mg/m2 IV day 1, 625 mg/m2 BID orally days 1–21, respectively) + R 15 mg/kg (Arm A); R 7.5 mg/kg (Arm B); or placebo (Arm C) IV day 1 every 3 weeks. Overall survival (OS) and progression-free survival (PFS) were evaluated. MET protein was measured in archival tumor samples by IHC. R serum concentrations for all pts were measured. Individual R steady-state Cminss were estimated with a population PK model.

Results

121 pts (Arms A/B/C: 40/42/39) were randomized Oct 2009 to June 2010. See table for data (Jan 16, 2012 cutoff).

Conclusions

Within the context of a small, randomized phase 2 study, R + ECX improved outcomes in G/EGJ cancer pts. The treatment effect was strongest in pts with high MET tumors and high R exposure. Consistent with previously reported data, these results show continued separation of Arm A + B vs C beyond 16 mo. A planned phase 3 study will test the safety and efficacy of R + ECX in MET-positive G/EGJ cancer.

Table: 687P

	Median OS (80% CI), mo	**OS HR (95% CI)**	**Median PFS (80% CI), mo**	**PFS HR (95% CI)**	
All pts	Arm A + B n = 82	10.6 (9.5–12.0)		5.7 (5.1–6.9)	
	Arm C n = 39	8.9 (5.7–10.6)		4.2 (3.7–4.6)	
	Arm A + B vs C		0.70 (0.45–1.09)		0.60 (0.39–0.91)

METH*	Arm A + B n = 27	11.5 (9.2–12.1)		6.9 (5.5–7.5)	
	Arm C n = 11	5.7 (4.5–10.4)		4.6 (3.7–5.2)	
	Arm A + B vs C		0.34 (0.15–0.78)		0.44 (0.20–0.96)
METH*, RH†	Arm A + B n = 13	17.6 (13.3–21.0)		10.7 (6.9–15.3)	
	Arm C n = 11	5.7 (4.5–10.4)		4.6 (3.7–5.2)	
	Arm A + B vs C		0.18 (0.06–0.52)		0.19 (0.06–0.57)

*Pts with >50% tumor cells MET positive, †Pts with R median Cminss ≥ 94 μg/mL.

Disclosure

T. Iveson: Dr. Iveson received research funding and travel payment from Amgen Inc.

Y. Jiang: Dr. Jiang is an employee of and owns stock in Amgen Inc.

M. Zhu: Dr. Zhu is an employee of and owns stock in Amgen Inc.

K.S. Oliner: Dr. Oliner is an employee of and owns stock in Amgen Inc.

S. Dubey: Dr. Dubey is an employee of and owns stock in Amgen Inc.

E. Loh: Dr. Loh is an employee of and owns stock in Amgen Inc.

All other authors have declared no conflicts of interest.

Session Info: Poster, [] Poster presentation II
Day/Date: Sunday, September 30, 2012
Session Time: 1:00 PM - 2:00 PM
Room: Hall XL