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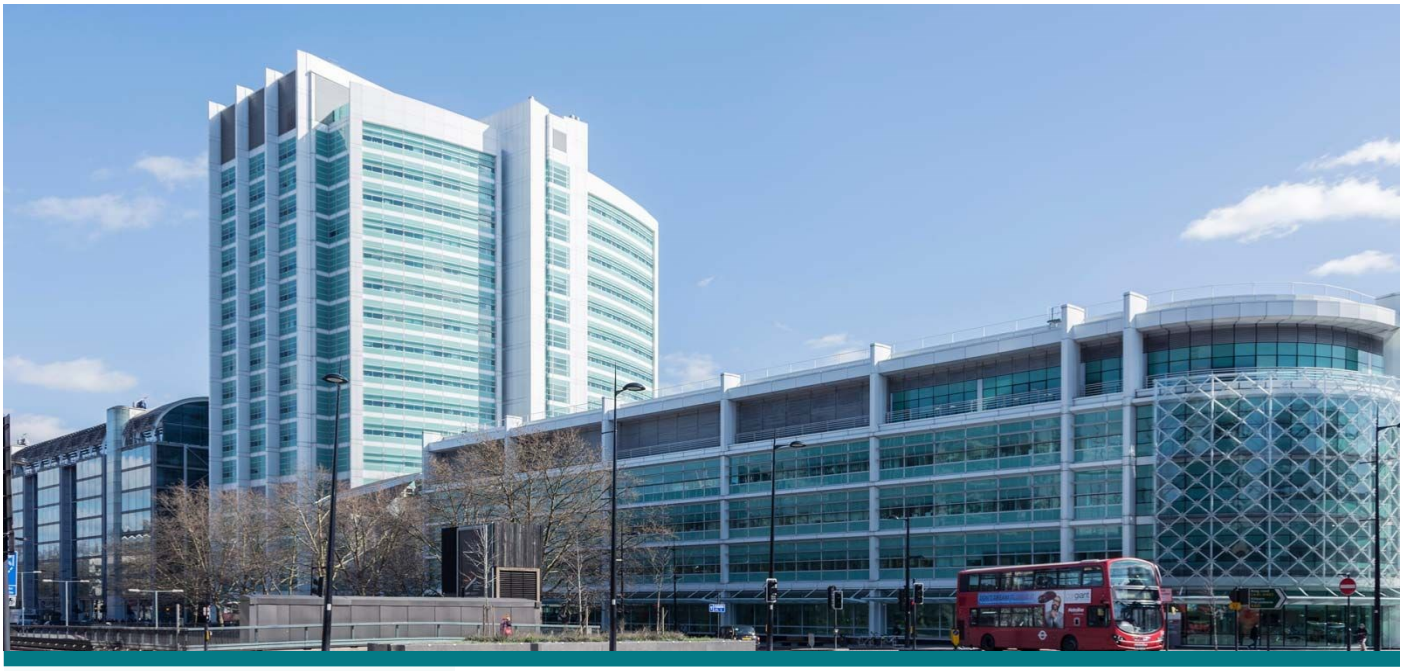
Summer 2023 Edition

UCLH
EARLY PHASE CANCER TRIALS NEWSLETTER



Inside This Issue

Welcome to the Summer 2023 Edition

Welcome to the Summer 2023 edition of our new newsletter showcasing early phase cancer trials at the NIHR University College London Hospitals Clinical Research Facility (UCLH CRF).

In this newsletter representatives from the UCL Experimental Cancer Medicine Centre provide an insight into their work and the partnership with the cancer clinical trials units. Dr Rowan Miller discusses the R4018-ONC-1721 trial and inpatient admissions in early phase cancer trials. There is an update on Ethnicity, Diversity and Inclusion (EDI) projects happening in early phase cancer. Alongside metrics and the latest news and key publications.

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CANCER RESEARCH UK

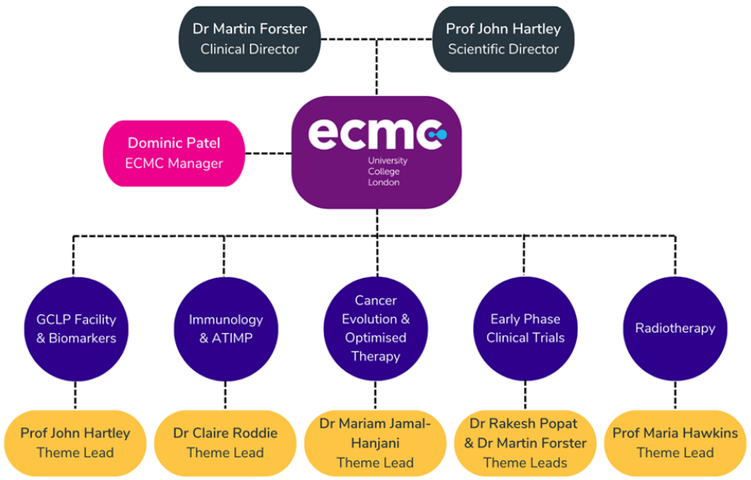
UCL EXPERIMENTAL CANCER MEDICINE CENTRE (ECMC) AND THE EARLY PHASE CANCER CLINICAL TRIALS UNIT: A PARTNERSHIP FOR PROGRESS

By Dr Martin Forster, Professor John Hartley and Dominic Patel

The UCL Experimental Cancer Medicine Centre (ECMC) is one of the network of ECMC Centres funded by Cancer Research UK and the Health Departments of England, Wales, Scotland and Northern Ireland. The UCL ECMC provides key infrastructure to support early phase clinical trials and translational research within UCL and UCLH.

We were recently successful in renewing our funding for the five years from April 2023 until March 2028. The UCL ECMC has a Clinical Director, Dr Martin Forster and a Scientific Director, Prof John Hartley. Martin is a Medical Oncologist co-leading the Cancer Early Phase Clinical Trials theme with Dr Rakesh Popat.

John has extensive expertise in cancer drug development and is the Director of the UCL ECMC Good Clinical Laboratory Practice (GCLP) Facility. Together they provide strategic direction and vision for the Centre, which currently focuses on the following five themes, aligned with the overall UCL Cancer Strategy:



Mr. Dominic Patel, based in the UCL Cancer Institute, oversees the day-to-day management of the Centre, which funds staff involved in translational research such as our highly skilled technicians (UCL) and specialist staff such as data managers and nurses (UCLH) involved in early phase cancer trials.

UCL ECMC support contributes to the translation of UCL-led novel therapies into the clinic, exampled by the UCL CAR T-Cell program, development of UCL-sponsored academic studies and translational outputs from clinical studies such TRACERx and Stampede. In addition, it supports academic studies from other UK centres and works with the trials units at the UCLH Clinical Research Facility (CRF), UCLH Cancer Clinical Trials Unit (CCTU) and the Royal Free Hospital CRF to support their respective early phase cancer trials portfolios.

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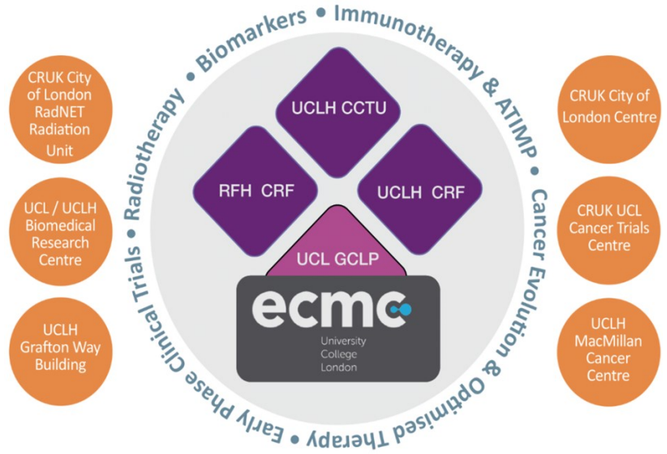
UCL EXPERIMENTAL CANCER MEDICINE CENTRE (ECMC) AND THE EARLY PHASE CANCER CLINICAL TRIALS UNIT: A PARTNERSHIP FOR PROGRESS

By Dr Martin Forster, Professor John Hartley and Dominic Patel

A big part of supporting cancer trials for our ECMC is through the UCL ECMC GCLP Facility. This is a fully accredited facility that deals with handling, processing and analysis of clinical trial samples to the appropriate regulatory standards. This ensures we can provide a specialist facility with highly knowledgeable staff to deal with samples and data coming from patients who are on a cancer trial.



In addition to the scientific and clinical aspects of the ECMC, we have several aims intended to increase our understanding of patients and trial recruitment. We are keen on developing our Patient Public Involvement and Engagement activities (PPIE) and as such Dominic Patel has joined the UCL Cancer Institute (CI) PPI committee. The group has so far organised an open evening for patients that took place in the UCL Cancer Institute in March 2023 with another planned in September 2023.

If you are a patient or carer and would like to attend, then please contact dominic.patel@ucl.ac.uk.

Another of these key objectives revolves around Equality, Diversity, and Inclusion (EDI) of the patients recruited into early phase cancer trials. We are currently collaborating with colleagues in the UCLH CRF, Mr. Fatjon Dekaj (CRF Cancer Research Manager) and Dr Rakesh Popat, to identify the ethnicity distribution of our patients on trial relative to the national and local cancer incident rates. Alongside this we are looking at this data with a socio-economic lens to again discover any skews in our recruitment.

Linking this with our PPIE interests, we plan to hold outreach activities to better understand roadblocks and increase uptake amongst the local community into cancer clinical trials.

CASE STUDY OF THE R4018-ONC-1721 CLINICAL TRIAL AND INPATIENT ADMISSIONS IN EARLY PHASE ONCOLOGY TRIALS: A PERSPECTIVE

By Dr Rowan Miller

Consultant Medical Oncologist

At the UCLH Clinical Research Facility (CRF) we have recently enrolled our first patient onto the R4018-ONC-1721 clinical trial.

This study is looking at the effectiveness and safety of an experimental drug called REGN4018 in shrinking ovarian cancers, either alone or with another drug called Cemiplimab.

REGN4018 is an interesting drug that is designed to bind onto a part of ovarian cancer cells and bring them into close contact with the immune system to try and teach it to learn what the cancer cell looks like and then to attack it. In this way, the drug will hopefully stop the cancer cell from growing. The trial is trying to work out the right dose for this drug and to see if, when used together with Cemiplimab, if this offers better control of the cancer without giving too many additional side effects.

Cemiplimab is a drug that we are already familiar with, because it is licenced for use in certain skin cancers in the NHS, so whilst not brand new, its use in ovarian cancer has not been looked at before.

Our topmost concern for our patients is their safety and wellbeing, especially during these early phase trials and for this particular study we are required to admit the patient into the main hospital site across the road as inpatients, for at least one night's stay so that they can be closely monitored and treat any side effects if and when they do arise.

There are medical staff in attendance 24/7 who are briefed in how to handle any side effects that may arise at any point. During the daytime, staff from the CRF will be in attendance so there will be a familiar face even whilst in a main hospital ward. Once we are happy that the patient is safe, we can send them home and they come back the following week for repeat treatment.

What we have learnt from other hospital sites also participating in this trial is that we might expect side effects such as fever, which can be quite mild or can sometimes be a bit more noticeable and cause flu-like symptoms. Other symptoms we might expect include tiredness, nausea and diarrhoea, rather like chemotherapy drugs would cause.

After the first month, we are then able to continue the rest of the treatment as a day case at the CRF, so we tell our patients that once they get over the hurdle of the first month with weekly overnight hospital stays, then it gets much easier, and they can at least get a good night's sleep in their own bed at home!

It's too early to say whether this treatment is going to be successful in shrinking ovarian cancer cells or whether it will one day become part of the licenced treatments offered by the National Health Service. But one thing is for sure, we do need better treatments for ovarian cancer and at UCLH we are extremely proud to be at the forefront of testing these new drug designs for our patients, both those that are already being seen at UCLH and also other patients who are referred from other hospital trusts around the country.

A STORY OF EARLY PHASE CANCER CLINICAL TRIALS IN NUMBERS

OUR 2023 TRIALS PORTFOLIO *(SO FAR)*

Our growing portfolio of early phase cancer trials ensures access to novel treatments for patients

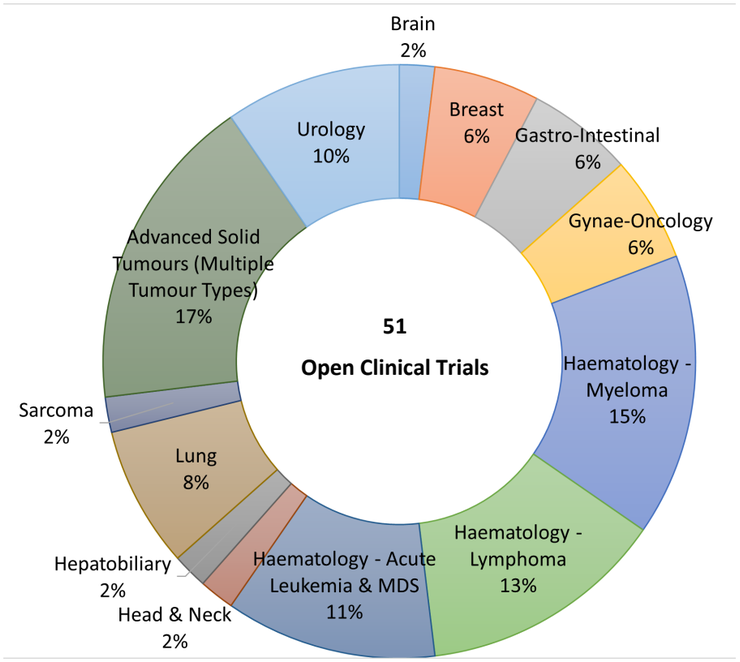
Recruited Figures
In the past 6 months we have recruited 75 participants to our early phase cancer trials portfolio.
75

Trials Set-Up
In the past 6 months we have successfully opened a total of 13 early phase cancer clinical trials.
13

Open to Recruitment
Over the course of the last 6 months we have had a total of 51 cancer clinical trials open to recruitment.
51

Trials In Set-Up
We currently have 19 unique early phase cancer trials in set-up.
19

Since the start of the year our Cancer clinical trials portfolio per tumour group looked like this:



DISPARITIES IN ENROLLMENT INTO MULTIPLE MYELOMA CLINICAL TRIALS BY SOCIOECONOMIC DEPRIVATION

By Dr Rakesh Popat

Consultant Haematologist
Cancer Lead NIHR UCLH Clinical Research Facility

Disparities in patients enrolled into clinical trials compared to real world populations have been reported, particularly with underrepresentation of different racial groups. However, disparities in clinical trial access may also relate to socioeconomic factors.

Social deprivation has been shown to impact overall survival (OS) of multiple myeloma (MM) patients, and hence adequate sociodemographic representation is required for clinical trials to be truly informative.

Work led by Dr Rakesh Popat (Consultant Haematologist), and performed by Dr Amrutha Sridhar (UCLH CRF Haematology Fellow) and Dr Selina Chavda (MRC Haematology Clinical Research Fellow) aimed to identify the distribution of patients enrolled into Multiple Myeloma (MM) early and late phase clinical trials according to social deprivation, and understand interactions with age, ethnicity, and Overall Survival (OS) in comparison to NCRAS data for MM incidence in London and England.

Data from 580 consecutive patients at University College London Hospital were analyzed from a wide geographical area, and grouped into 3 cohorts: standard of care, early phase trials and late phase trials. After analysis, the results showed there was a significant difference in social deprivation ranking between those enrolled into clinical trials compared to that expected for England, with fewer patients from more deprived areas being enrolled.

Overall, the non-white trial patients were from more deprived areas than white patients.

Patients enrolled into clinical trials at our centre were from less socially deprived areas than expected from the distribution of MM in London and England, reflecting skewed referral patterns by socioeconomic status. As these differences may impact upon overall survival, it is vital that enrolment into clinical trials is monitored by socioeconomic deprivation to ensure there is adequate representation of the geographical population.

This abstract was accepted and published online on the European Hematology Association (EHA) Conference 2023 website, you can read the abstract via a link on the EHA website, and Dr Popat presented at the Oncology Professional Care 2023 conference in London, during the 'Clinical Trials – ensuring underserved populations are represented'.

SOCIOECONOMIC STATUS AND IMPACT ON ACCESS TO EARLY PHASE CANCER CLINICAL TRIALS AT THE NIHR UCLH CLINICAL RESEARCH FACILITY (CRF)

By Fatjon Dekaj & Dominic Patel

Leading on from the work conducted by Dr Rakesh Popat and the Haematology fellows, work was undertaken by Fatjon Dekaj (UCLH Early Phase Cancer Trials Research Manager) and Dominic Patel (UCL ECMC Manager), under the supervision of Dr Martin Forster (UCLH Medical Oncologist and UCL ECMC Lead) to establish any factors that may be contributing to marginalising individuals or groups from enrolling onto early phase clinical trials at the UCLH NIHR Clinical Research Facility (CRF).

Characteristics	UCLH Clinical Research Facility	NCRAS (England Cancer Rates)	NCRAS (London Cancer Rates)
Patients			
All	363	1262666	144928
Sex			
Male	198	598215	68196
Female	165	664451	76732
Ethnicity			
White	293 (81%)	1181322 (93.5%)	105746 (73%)
Black	25 (7%)	25556 (2%)	15970 (11%)
Asian	23 (6%)	36673 (3%)	14935 (10%)
Mixed	4 (1%)	5730 (0.5%)	1999 (1%)
Other Ethnic Group	18 (5%)	13385 (1%)	6278 (4%)
Median Age			
All	63		
White	63		
Black	63		
Asian	59		
Mixed	47.5		
Other Ethnic Group	61		

The work is done through the UCL Experimental Cancer Medicine Centre (ECMC). Using the UCLH electronic health records system, a total of 363 patients were analysed who were recruited to early phase cancer trials at the CRF from January 2019 – January 2023. Our data was compared to the national cancer incidence rates reported by NCRAS (National Cancer Registration and Analysis Service – 1995 - 2015).

Using self-reported demographic data, such as ethnicity, geographical location, age, and diagnosis, we investigated ethnicity recruitment numbers and cross-referenced this with socioeconomic deprivation scores across our enrolled participants.

There were observed differences across ethnicity groups between our recruitment population and the England and London cancer rates. To look into a potential reason for these differences, we investigated the distribution of diversities between patients which were referred internally from UCLH compared to patients externally referred.

We discovered 58% of our recruits were externally referred with >50% of patients living more than a 20-mile driving distance from their home address to the Clinical Research Facility. An individual's socioeconomic status was obtained using the GOV.UK Index of Multiple Deprivation (IMD) score which is the official measure of relative deprivation in England obtained from postcode data. The score is grouped by a score of 1 (an area considered to be the most deprived) to a score of 5 (considered to be the least deprived).

As shown by the table below, participants enrolled at the clinical research facility were predominantly from more affluent areas (Index score >3) compared to the average England cancer incidence, and this skew was more prevalent in participants from a White background compared to a Non-White background. Our data showed external participants, in particular, were from more affluent areas compared to the England NCRAS deprivation scores and our internally referred patients.

Patient Group	1 (Most Deprived)	2	3	4	5 (Least Deprived)	Total	Chi Square
England (NCRAS)	264983	320800	370951	410793	423839	1791366	N/A
	15%	18%	21%	23%	24%		
UCLH Clinical Research Facility	28	69	72	91	96	356	**0.005**
	8%	19%	20%	26%	27%		
White	16	51	62	74	85	288	**<0.0002**
	6%	18%	22%	26%	30%		
Non-White	12	18	10	17	11	68	0.1934
	18%	26%	15%	25%	16%		

This data was presented at the Oncology Professional Care 2023 conference, held on 23rd May 2023 at the Excel London center, by Dr Martin Forster and Dominic Patel.

LATEST NEWS & PUBLICATIONS

UCLH CRF Presence on Final Results From TACTI-002 Abstract at AACR

We are pleased to highlight contribution to an abstract by Principal Investigator Dr Martin Forster, Consultant Medical Oncologist, and Uma Mukherjee, Clinical Research Fellow, presented at the AACR 2023 Annual Meeting.

The poster presented final results from Part C of the TACTI-002 trial (NCT03625323), looking into Eftilagimod Alpha (soluble LAG-3 protein) and Pembrolizumab in patients with metastatic 2nd line head and neck squamous cell carcinoma (HNSCC) unselected for PD-L1. Results show the combination is safe and shows showing encouraging anti-tumour activity in platinum and partially Cetuximab pre-treated, 2nd line HNSCC patients.

We would like to congratulate Martin Forster and Uma Mukherjee on the achievement and all the team at the UCLH Clinical Research Facility for their work on this trial. The abstract can be viewed at the Journal of Clinical Oncology AACR 2022 Page.

Principal Investigator Presents at Leading Lymphoma Conference

We are pleased to highlight a presentation at the International Conference on Malignant Lymphoma (ICML) 2023 held at Lugano, Switzerland, featuring Dr William Townsend, Consultant Haematologist, as first author.

The poster presented results from the for the NP41026 trial of Glofitamab plus immunochemotherapy in participants with Non-Hodgkin Lymphomas or DLBCL (NCT03467373). Glofitamab (Glofit) is a novel T-cell engaging bispecific antibody and data from the trial has demonstrated durable efficacy with manageable safety in relapsed/refractory non-Hodgkin lymphoma (R/R NHL) when given with R-CHOP chemotherapy.

Part 1 of the trial is now complete with UCLH as the lead site and Dr Townsend as principal investigator. UCLH were also the leading UK recruiter to part 1 of this trial. We would like to congratulate Dr Townsend on this achievement and all the team at UCLH Clinical Research Facility. The abstract can be viewed via Haematological Oncology Volume 41, Issue S2.

Long-Term Follow-Up Results from MajesTEC-1 Trial Presented at AACR

We are pleased to highlight contribution to an abstract by Dr Rakesh Popat, Consultant Haematologist, presented at the American Association for Cancer Research (AACR) 2023 Annual Meeting.

The abstract presented long-term follow-up results from the MajesTEC-1 trial (NCT03145181/NCT04557098) looking at Teclistamab in patients with Relapsed/Refractory Multiple Myeloma (RRMM). Teclistamab is a bi-specific antibody targeting B-Cell maturation antigen (BCMA) and CD3. This is a follow-up on a paper released at The New England Journal of Medicine (ENJM) in 2022.

Results show after a 2 year median follow-up, patients receiving Teclistamab demonstrated deep and durable responses regardless of refractory status. These long-term follow-up data support Teclistamab as a safe and effective off-the-shelf BCMA bispecific therapy for patients with RRMM.

We would like to congratulate Rakesh Popat on the achievement and all the team at the UCLH Clinical Research Facility for their work on this trial. The abstract can be viewed at the Journal of Clinical Oncology AACR 2022 Page. A plain language summary of the results has also been developed and released, and can be viewed at Future Oncology 2023.

Results from the Phase I MOv18 Trial Published in Nature Communications

We are pleased to highlight a trial publication contribution by Dr Rowan Miller, Consultant Medical Oncologist, published in Nature Communications on the MOv18 Trial (NCT02546921).

The publication presented results on the safety and anti-tumour activity of the IgE antibody MOv18 in patients with advanced solid tumours expressing folate receptor-alpha.

In this clinical trial of an IgE antibody for the treatment of cancer, a manageable safety profile, distinct from that of IgG drugs, was observed and preliminary evidence of efficacy demonstrated. Results observed preliminary evidence of MOv18 IgE anti-tumour activity in high grade serous ovarian carcinoma, with a fall in CA125 and tumour shrinkage in a patient with chemotherapy-resistant disease. This will need to be confirmed in subsequent clinical development.

This is an academic lead trial which was funded and sponsored by Cancer Research UK. We would like to congratulate Dr Miller on the achievement and all the team at the UCLH Clinical Research Facility for their work on this trial. The publication can be viewed at the Nature Communications website (https://doi.org/10.1038/s41467-023-39679-9).