

Winter 2023 Edition

# UCLH

## EARLY PHASE CANCER TRIALS NEWSLETTER



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### Welcome to the Winter 2023 Edition

Welcome to the Winter 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 the head of cancer clinical trials, **Kylie Gyertson**, provides a review a successful year in cancer trials and developments, and looks to the future of Oncology and Haematology trials at UCLH.

In a new feature, we interviewed a Principal Investigator, **Dr Michael Flynn**, on their interest in cancer trials, cutting-edge work they are involved in, and how they envision the future of research to look like.

There is an update on **patient and public involvement and engagement** opportunities through the launch of the Centre for Access to Research (CAR) by **Rosamund Yu** and **Patience Renias-Zuva**, alongside highlights from recent community engagement work by the Cancer trials team.

Alongside a review of metrics from the year and the latest news and key publications, including 3 New England Journal of Medicine publications.



## A YEAR IN REVIEW OF CANCER CLINICAL TRIALS AT UCLH - A PERSPECTIVE FROM THE HEAD OF CANCER CLINICAL TRIALS

By **Kylie Gyertson**

Head of Cancer Clinical Trials



My name is Kylie Gyertson and I am the Head of Cancer Clinical Trials at UCLH. I'm responsible for leading the late-phase cancer trials portfolio and overseeing an ambitious and vibrant team of over 130 cancer research professionals who deliver high quality care to our cancer patients who participate in clinical trials.

It's dark at 4pm and I heard my first Christmas song on the radio yesterday, where has 2023 gone? It's that time of year where we naturally look back at the year and take stock, pat ourselves on the back for our successes and hope to have learnt from our mistakes.

2023 has been a busy year with some very exciting developments. At the top of the list is the Advanced Pharmacy Therapy Unit (APTU), greenlighted by the Trust with a provisional opening date of October 2024, and the creation of 4 dedicated Cancer Research Inpatient beds, ringfenced for clinical trial patient admissions.

The Advanced Pharmacy Therapy Unit is key to our ability to deliver cutting edge clinical trials as it provides a facility for the aseptic preparation and assembly of Advanced Therapy Medicinal Products (ATMPs) such as gene and cellular therapies. Until now this has been the missing piece of our research jigsaw, and whilst these units are relatively rare across the UK, the research ambitions within Cancer at UCLH have led to the significant investment required to create the facility, keeping us at the forefront of clinical research. It's very rewarding to see this coming to fruition after several years of campaigning!

The APTU will be utilised predominantly by Cancer and Neurology and based at 250 Euston Road. A number of workstreams and a plethora of teams are working across all aspects of the design and build to ensure the APTU remains on schedule, and we will be communicating with potential sponsors to ensure a healthy trial pipeline aligned with the unit opening.

We end the year in a celebratory mood with the Research Careers events which took place throughout November, encouraging colleagues across many disciplines to get involved in research as our vital work becomes ever more visible.

The nights are dark, but the future is bright – I have no doubt 2024 will be another year of excellence for cancer research and clinical trials at UCLH.

The Cancer Research Inpatient beds will be based on T16 within the main hospital, supported by the excellent Haematology ward team who already have a wealth of experience in caring for research patients with complex needs. Cancer patients in all phases of trials from both Oncology and Haematology will have access to the beds, releasing pressure on elective admissions across the cancer bed base and speeding up trial recruitment and treatment delivery.

These two projects have received high level support across the organisation, demonstrating the very real commitment to what David Probert, UCLH CEO, calls the "Research Hospital Utopia"; the total integration of research and clinical services for the delivery of evidence-based practice across all aspects the Trust. As someone celebrating their 20th year in cancer trials, this is extremely gratifying and encouraging, confirming for me that there is no better organisation in which to work in cancer clinical trials.

Finally, a brief mention for our late phase team, the Cancer Clinical Trials Unit (CCTU), which celebrated its 25th anniversary in 2023 with a conference in October highlighting innovations in research delivery, Happy Birthday!

## INTERVIEW WITH A CANCER TRIAL PRINCIPAL INVESTIGATOR

Dr **Michael Flynn**

Consultant Medical Oncologist



I joined UCLH as a Medical Oncologist in 2020. I first worked as a Clinical Research Fellow in the UCLH Early Phase Trials Unit in 2012, before completing a PhD at University College London and undertaking oncology training at the Royal Marsden Hospital.

My translational PhD focused on the drug development of ADCT-301, later renamed Cami-T (Camidanlumab Tesirine). This drug progressed from the lab to Phase 2 trials in CD25-expressing Lymphomas in the US and Europe and laid the foundation for my research interest in the drug development of Antibody-Drug Conjugates (ADCs) across oncology indications.

### Q – What do you most enjoy about working in clinical trials?

I chose Medical Oncology as a specialty because it is one of the most dynamic specialties. One of the aspects of this career I most enjoy is the intuitive side of connecting with individuals and facilitating them on their cancer journey hand-in-hand with trial data.

By working as a clinical academic, with about 50% of my time dedicated to research, I can offer clinical trials to patients within UCLH. This potential to bring potentially effective new treatments to patients earlier by selecting and setting up the most cutting-edge clinical trials is, for me, the most rewarding part.

### Q – How has the landscape of cancer trials and treatment changed in your career?

If I reflect on my time as a Clinical Research Fellow in 2012 to now as a Principal Investigator (PI) within our CRF, there have been dramatic changes to how we work as clinicians with significant improvements in cancer treatments and newer trial designs more common.

The change to how we accept work remotely has made us more time efficient, for example, the selection for patients to individual trials even by virtual patient reviews. The use of dynamic statistical trial designs has allowed earlier recruitment of patients to minimally effective dose cohorts.

### Q – What do you think the future of cancer research will look like?

The increasing capacity of artificial intelligence to interrogate patient's individual tumour characteristics more quickly and cheaply will allow better knowledge for treatment targeting.

However, this is likely to dramatically shift capacity requirements for earlier access to these treatments and drive smarter clinical trial design.

### Q – What leading/cutting-edge research are you working on at the moment?

As trial design has become more complex and targeted therapeutics more niche, fewer 'all-comer' studies are open. I am leading a new BASKET-studies clinic at UCLH. This is being run by the Cancer Clinical Trials Unit (CCTU) team in the NIHR Clinical Research Facility (CRF) space, permitting recruitment of patients across oncology indications with target expression onto Phase 1 and 2 studies and enhancing the collaboration between our two units.

As the TARGET National study (IRAS: 281504) expands and permits detection of targeted molecular alterations using ctDNA blood samples, I do hope this BASKET clinic will expand to permit smoother transition from Phase 1 dose expansion to Phase 2 trials.

I work on Gynaecological cancer trials predominantly for patients with Gynae cancers with some requiring high target expression for enrolment or enrichment cohorts.

My current portfolio includes of the following Antibody-Drug Conjugates (ADCs) compounds:

1. **Dato-dxd (TROP2)** in the TROPION-PanTumour O3 trial, a basket study open in the CCTU.
2. **SGNDV-005 (HER2)**, in a Basket Study of the same name, currently in set-up in the CCTU.
3. **XB-002 (tissue factor)** in the JEWEL-101 trial in setup in the CRF.
4. **BYON3521.001 (c-MET)** trial in setup in the CRF.

The following targeted immunotherapeutics:

1. Chief Investigator on a **Modified IL-2 fragment (nemvaleukin)** plus pembrolizumab vs. standard of care chemotherapy in a Phase 3 trial, called ARTISTRY-7, in the CCTU.
2. A **Modified IL-2 fragment (nemvaleukin)** in the XMT-1536 trial in the CRF.
3. A **Bispecific antibody (CD3/B7H4)** in the GCT-1047 trial open in the CRF.

And a new **PARP-1 selective inhibitor (NMS-03305293)** in gBRCA mutant patients in the PARPA-293-101 trial open to recruitment in the CRF.

## A STORY OF EARLY PHASE CANCER CLINICAL TRIALS IN NUMBERS - 2023 REVIEW

### UCLH Clinical Research Facility Cancer Portfolio - 2023 Recruitment

Over the past year we have recruited over 130 participants to our early phase cancer trials portfolio. The graph shows our recruitment per month alongside a cumulative recruitment for the year (since our last newsletter)



Recruitment numbers are now back to pre-COVID levels demonstrating a robust recovery in activity

### OUR 2023 TRIALS PORTFOLIO

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

#### Trials Set-Up in 2023

In the past year we have successfully opened a total of 18 early phase cancer clinical trials.

18

#### Trials Open to Recruitment in 2023

Over the course of the year we have had a total of 59 cancer clinical trials open to recruitment.

59

#### Trials In Set-Up

We currently have 17 unique early phase cancer trials in set-up.

17

## A STORY OF EARLY PHASE CANCER CLINICAL TRIALS IN NUMBERS - 2023 REVIEW

### NIHR ACADEMIC TRIALS

Cancer clinical trials in the last year which were developed through academic partnerships

10%

### NIHR-ADOPTED COMMERCIAL TRIALS

Cancer clinical trials in the last year which are commercially sponsored clinical trials with NIHR Clinical Research Network (CRN) Support

90%

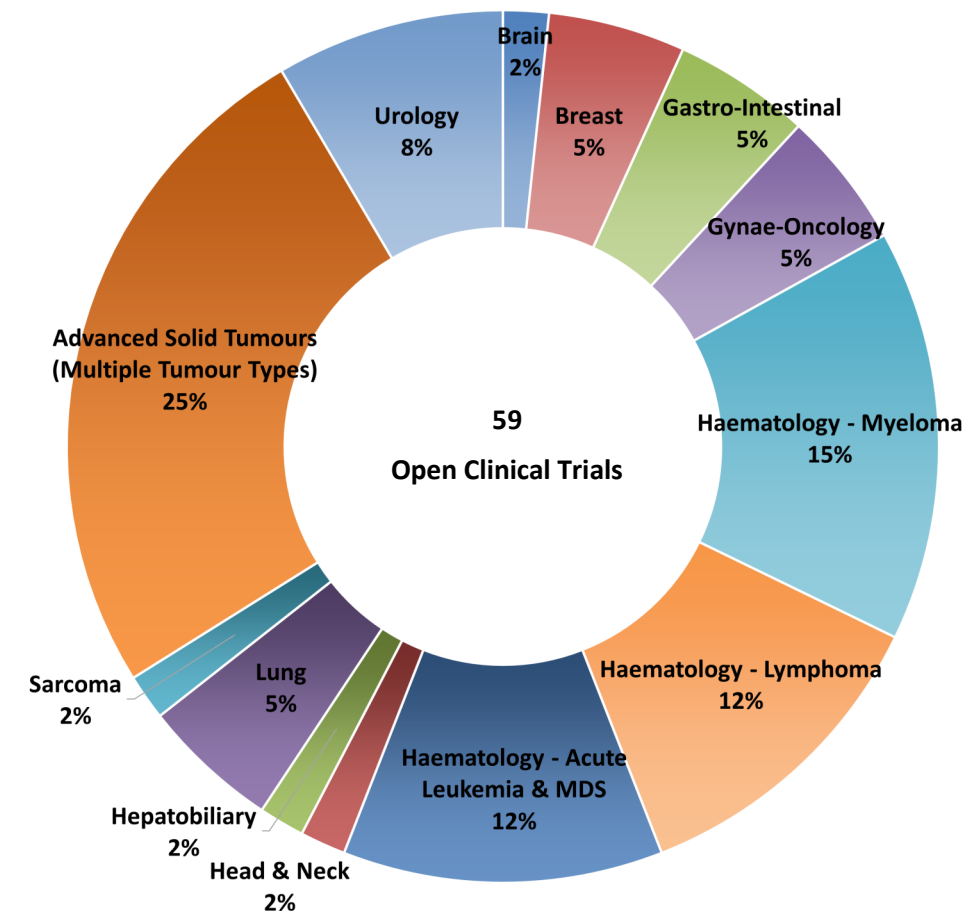
41%

of our cancer trials in the past year have been First-In-Human clinical trials

34%

of our cancer trials in the past year have UCLH as the lead site

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



## CENTRE FOR ACCESS TO RESEARCH (CAR) AND PATIENT AND PUBLIC INVOLVEMENT AND ENGAGEMENT OPPORTUNITIES

By Rosamund Yu and Patience Renias-Zuva

Head of PPI and Research Communications, NIHR Biomedical Research Centre at UCLH  
PPIE Manager, NIHR Biomedical Research Centre at UCLH



### Centre for Access to Research (CAR)

A new Centre for Access to Research was launched in October by the Biomedical Research Centre (BRC) at UCLH to improve access for all to research.

The launch included an announcement of the first round of a small grants scheme.

The Centre for Access to Research (CAR) brings together UCLH clinicians, UCL academics and patients to pool experience and expertise and initiate practical actions that researchers and clinical services can take to break down barriers to access to health research.

The vision of the CAR is that no section of society is excluded from participating in, inputting into, or benefitting from health research. The idea is the CAR will identify and initiate new work looking to find out what stops health research being accessible to all and what can be done to make it accessible.

Head of Patient and Public Involvement and Engagement at the BRC Dr Rosamund Yu said: "Our aim is to take local action and build up an evidence base for ways of making research accessible to all which can be shared across the UK. The small grants scheme is a way of enabling partnerships of patients, clinicians and researchers to devote time to working up proposals for research into access to clinical trials. Although our first round has closed we will be having further rounds and we want to encourage everyone to give some thought to potential ideas."

The centre was launched at an event addressed by UCLH Chief Executive David Probert, UCLH Director of Research Professor Bryan Williams, and Managing Director of Research at UCLH and UCL Dr Nick McNally.

For more information visit the [BRC website CAR pages](#).

### Adjacent Community Engagement Work

We recently had the valuable opportunity to engage with our local community at UCLH. This was via a public engagement event, organised by the Islington Bangladeshi community in partnership with the UCLH Patient and Public Involvement team. It was important for the event to take place within a community setting, to maximise levels of comfort and familiarity for local community members.



The cancer trials team at UCLH held a stall at the event to highlight the benefits of taking part in clinical trials, for the participants themselves. Such benefits include access to potential new treatments and increased frequency of health monitoring.

There were interactive games as well as information on different phases of trials and how to get involved. Event attendees were able to provide responses and thoughts anonymously. These responses have helped us to generate preliminary data of sorts, for helping us to overcome existing barriers to trial recruitment.

The stall was hosted by Amparo Domingo Lacasa, Jo Hargroves, both CRUK Senior Research Nurses at the CCTU UCLH, and Masuma Uddin, Data Manager at the CCTU UCLH, with support from Dominic Patel, UCL ECMC Manager, and Fatjon Dekaj, Early Phase Cancer Trials Research Manager.

We intend to host similar public engagement events in the future, to increase interest in and help overcome barriers to cancer trial participation. This is especially important for attracting a more diverse, representative pool of the population.

## Successful UCLH CRF Cancer Clinical Trials Reported in the New England Journal of Medicine

### New England Paper on Precision Therapy for Intrahepatic Cholangiocarcinoma

Last year the US Food and Drug Administration (FDA) approved Futibatinib, with the European Union approving in July 2022, for patient with FGFR2-Rearranged Intrahepatic Cholangiocarcinoma (Bile Duct Cancer). The treatment is awaiting NICE approval in the UK.

Alongside this news, in January 2023 a New England Journal of Medicine paper was published with Professor John Bridgewater as lead author. The paper published results on the FOENIX-CCA2 (TAS120) trial ([NCT02052778](#)), which was set across 13 countries internationally with the Clinical Research Facility (CRF) as the lead site in Europe. The trial was a multinational, open-label, single-group, Phase 2 study, enrolling patients with unresectable or metastatic FGFR2 fusion-positive or FGFR2 rearrangement-positive Intrahepatic Cholangiocarcinoma.

Alterations in fibroblast growth factor receptor 2 (FGFR2) have emerged as promising drug targets for Intrahepatic Cholangiocarcinoma, a rare cancer with a poor prognosis. Futibatinib is a next-generation FGFR1-4 inhibitor. Results showed when patients were treated with the oral table Futibatinib, the drug was more effective at reducing the size of the tumour, with the cancer shrinking by over 40%, compared to 25% with chemotherapy. The drug also produced modest side effects compared to chemotherapy.

The success of this study was featured in news items on the [NIHR UCLH Biomedical Research Centre website](#), [UCL website](#) and featured on [The Independent](#), with Professor Bridgewater's contribution highlighted across.

We would like to congratulate John Bridgewater on the achievement, the Solid Oncology Fellows and all the team at the CRF for their work on this trial. The publication can be viewed on the NEJM page ([DOI: 10.1056/NEJMoa2206834](#)).

### GO42144 Trial Publication in New England Journal of Medicine

We are pleased to highlight results from the GO42144 (NCT04449874) trial paper in the New England Journal of Medicine with Dr Martin Forster as contributing author. The trial remains open to recruitment at the UCLH clinical research facility.

This is a Phase 1 study evaluating orally administered Divarasib (GDC-6036), a KRAS G12C inhibitor that was designed to have high potency and selectivity. The study recruited patients with Non-Small Cell Lung Cancer, Colorectal Cancer, and other Solid tumours with a KRAS G12C mutation.

Treatment with Divarasib resulted in durable clinical response with mostly low-grade adverse events. Assessment of circulating tumour DNA showed declines in KRAS G12C variant allele frequency associated with response.

The study opened late 2021 and UCLH has recruited 16 participants to this study. We would like to congratulate Martin Forster, Professor John Bridgewater and referring clinicians, Solid Oncology Fellows and all the team at the UCLH Clinical Research Facility on the achievement and for their work on this trial. The publication can be viewed at the New England Journal of Medicine page (<https://pubmed.ncbi.nlm.nih.gov/37611121/>).

### CC-92480 Multiple Myeloma Trial Results in New England Journal of Medicine

We are pleased to highlight a publication showing results from the CC-92480-MM-001 ([NCT03374085](#)) trial in the New England Journal of Medicine with Dr Rakesh Popat as 3<sup>rd</sup> author.

The trial looked at Mezigdomide, a cereblon E3 ubiquitin ligase modulator, in combination with Dexamethasone in patients with relapsed and refractory Multiple Myeloma. This is a phase 1-2 study with a dose-escalation cohort looking at safety and dose-expansions looking at overall response, safety and efficacy at the phase 1 dose.

Results showed that the combination of oral Mezigdomide and oral Dexamethasone showed promising efficacy in patients with heavily pre-treated Multiple Myeloma (patients who had received at least 3 prior anti-Myeloma regimens).

UCLH was the leading recruiting site in the UK for this trial and we would like to congratulate Rakesh Popat on the achievement, the Haematology Fellows, and all the team at the UCLH Clinical Research Facility for their work on this trial. The publication can be viewed at the New England Journal of Medicine page ([DOI: 10.1056/NEJMoa2303194](#)).