**FULL PROTOCOL TITLE**

# NEO-IMPACT: NEO-adjuvant chemo-IMmunotherapy in PAnCreaTic cancer

**STUDY CHAIRS**

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**LINK TO STUDY**

https://gicancer.org.au/clinical-trial/neo-impact/

**TRIAL IDENTIFIER**

ACTRN12622000378729

**COORDINATING CENTRE**

WEHI (Walter and Eliza Hall Institute of Medical Research)

**FUNDING SOURCES**

AGITG Philanthropy

## PRESENTER

### Prof Lorraine Chantrill

Wollongong Hospital

**FINANCIAL DISCLOSURE**

None to declare.

## AIM/S

Adding durvalumab to mFOLFIRINOX prior to curative surgery, will demonstrate adequate safety and tolerability (defined as receiving 80% of planned dose of all agents) in subjects with resectable or borderline resectable pancreatic adenocarcinoma.

## BACKGROUND

Despite curative surgery, pancreatic cancer patients have five-year survival rates of less than 20%. Adjuvant chemotherapy has improved survival in resected pancreatic cancer patients but only 10-15% are suitable for surgery and 30% of the resected pancreatic cancer patients miss out on adjuvant chemotherapy due to postoperative complications.

Neoadjuvant chemotherapy has improved the resection rates in patients with locally advanced pancreatic cancer. Due to this success as well as the poor five-year survival rates, there has been growing interest to combine chemotherapy with checkpoint inhibitors in pancreatic cancer to help improve outcomes. This pilot study will evaluate the feasibility and safety of combining modified FOLFIRINOX (mFOLFIRINOX) with durvalumab (MEDI4736) in patients with resectable or borderline resectable pancreatic adenocarcinoma.

## STUDY DESIGN

This is a single arm, feasibility (pilot) study. Recruitment period of 24 months. Enrolment of 20 patients with resectable or borderline resectable pancreatic cancer, recruited from 3 participating sites in Australia. All patients will receive neo-adjuvant mFOLFIRINOX, delivered Q2W for 6 cycles and durvalumab delivered Q4W for 3 cycles. The preference will be for enrolled patients to be chemo-naïve, however, up to 1 cycle of neoadjuvant intent mFOLFIRINOX prior to study consent is allowed; these patients must be consented and enrolled on study prior to cycle 2 of treatment, so that cycle 2 contains both mFOLFIRINOX and durvalumab. Patients will then undergo restaging, discussion at MDM and surgical resection where appropriate. Following resection, patients will continue to complete 6 cycles of adjuvant chemotherapy alone. Patients will be followed up on study for 12 months from surgery, or from completion of neoadjuvant therapy if the patient does not receive surgery. Survival follow up will continue for up to 3.5 years from study enrolment.

## ELIGIBILITY CRITERIA

### INCLUSION CRITERIA

- Adults aged 18 years and older.
- Cytologically or histologically proven resectable or borderline resectable pancreatic adenocarcinoma. Those in whom cytology is suspicious for pancreatic adenocarcinoma but not diagnostic may be allowed on study following discussion with the study chair (or their representative).
- ECOG 0-1
- Adequate normal organ and marrow function
- Study treatment both planned and able to start within 14 days of registration.

- Body weight ›30 kg.
- Must have a life expectancy of at least 12 weeks.
- Tumour assessment by CT scan or MRI within 28 days prior to first study treatment.

## EXCLUSION CRITERIA

- Locally advanced or metastatic pancreatic adenocarcinoma.
- Neuroendocrine pancreatic carcinoma.
- Prior treatment for pancreatic cancer including chemotherapy, checkpoint inhibitor or investigational treatments, with the exception of a maximum of 1 cycle of neoadjuvant intent mFOLFIRINOX.
- Major surgical procedure within 28 days prior to the first dose of IP.
- Active or prior autoimmune or inflammatory disorders
- Prior randomisation or treatment in a previous durvalumab clinical study regardless of treatment arm assignment.

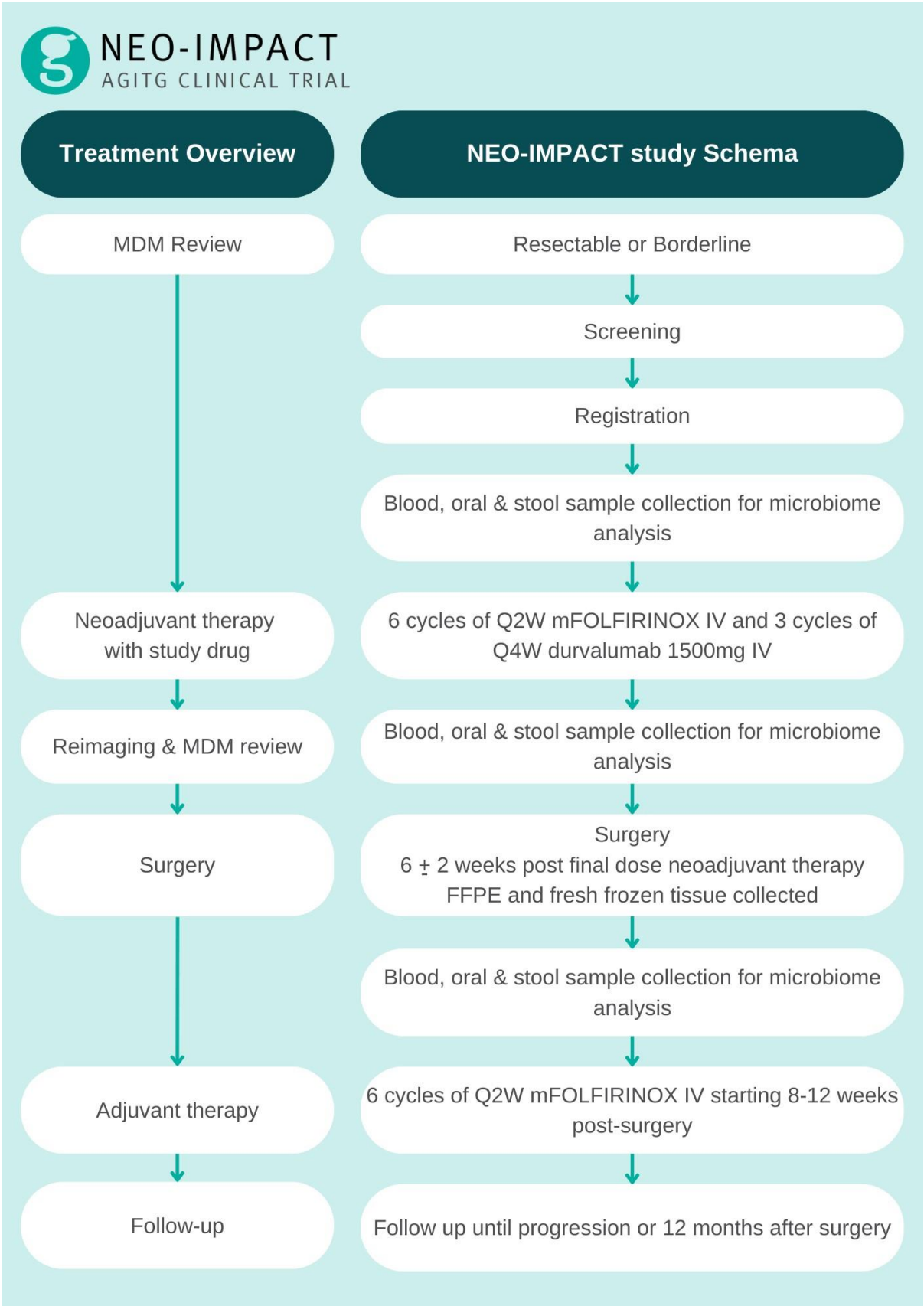
## STUDY UPDATE

- 3 participating sites open to recruitment in NSW and VIC (Wollongong Hospital, GenesisCare-North Shore and Warringal Private Hospital).
- Sites were activated in May 2022. To date, 13 patients have been recruited.
- Anticipated recruitment end date: June 2024
- Protocol amendment to clarify eligibility criteria to assist with recruitment
- Recruitment strategies employed:
    - Study highlighted at MDT meetings with regular presentations
    - Regular communications with surgeons
    - Listed on multiple websites (AGITG, ClinTrialRefer App, CancerVic)
    - AGITG social media posts and Member Newsletters
    - Promoted at the Australian Pancreatic Cancer Alliance and with Pancare GI specialist nurses in July 2022
- Publications: Sarah Maloney, Niall Tebbutt, Mehrdad Nikfarjam, Jaswinder Samra, Shehara Mendis, Jeanne Tie, Louise Christophersen, Sarah Hayes, Nisha Berthon-Jones, Chi Ho Howard Yim, Emad El-Omar, Lorraine Chantrill. “Trial in progress: NEO-adjuvant chemo-IMmunotherapy in PAnCreaTic cancer- NEO-IMPACT.” ESMO 2023 - poster presentation (Oct 2023).

## TRANSLATIONAL RESEARCH

- Collection of blood, oral and faecal samples will occur at 3 time points: (a) prior to commencing neoadjuvant treatment, (b) after completing neoadjuvant treatment but prior to surgery, and c) post-surgery but prior to commencing adjuvant treatment.
- Variation in microbial composition before and after neoadjuvant therapy will be reported.
- Formalin-fixed paraffin-embedded (FFPE) slides and flash frozen tissue samples will be obtained from the surgical resection specimen

## SCHEMA


NEO-IMPACT
AGITG CLINICAL TRIAL
Treatment Overview
NEO-IMPACT study Schema
MDM Review
Resectable or Borderline
Screening
Registration
Blood, oral & stool sample collection for microbiome analysis
Neoadjuvant therapy with study drug
6 cycles of Q2W mFOLFIRINOX IV and 3 cycles of Q4W durvalumab 1500mg IV
Reimaging & MDM review
Blood, oral & stool sample collection for microbiome analysis
Surgery
Surgery
6 ± 2 weeks post final dose neoadjuvant therapy
FFPE and fresh frozen tissue collected
Blood, oral & stool sample collection for microbiome analysis
Adjuvant therapy
6 cycles of Q2W mFOLFIRINOX IV starting 8-12 weeks post-surgery
Follow-up
Follow up until progression or 12 months after surgery