FULL PROTOCOL TITLE

SSGXXII: Three versus five years of adjuvant imatinib as treatment of patients with operable gastrointestinal stromal tumour (GIST) with a high risk for recurrence: A randomised phase III multicentre study by the Scandinavian Sarcoma Group

STUDY CHAIRS

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LINK TO STUDY

https://gicancer.org.au/clinical-trial/ssgxxii/

TRIAL IDENTIFIER

ACTRN12621001756819

COORDINATING CENTRE

The University of Sydney, NHMRC Clinical Trials Centre

FUNDING SOURCES

2020 MRFF International Clinical Trial Collaborations

PRESENTER

Prof John Zalcberg

Monash University

FINANCIAL DISCLOSURE

Professor Zalcberg reports being a Co-Investigator on INVICTUS and INTRIGUE studies of ripretinib and receiving travel support and honoraria from Deciphera and STA

AIM/S

This study aims to determine if a further 2 years of adjuvant Imatinib may improve recurrence-free survival (RFS) of patients who are at high risk of GIST recurrence even after completion of the standard duration of 3 years of adjuvant Imatinib.

BACKGROUND

Despite the three years of imatinib as the standard duration of adjuvant therapy for patients with high-risk GIST following resection, many patients are still at a high risk of GIST recurrence and may benefit from further adjuvant imatinib therapy. The most important factors that predict the risk of GIST recurrence in a patient population treated with 3 years of adjuvant Imatinib are tumour mitotic count and GIST located at a non- gastric site. Extending the treatment of imatinib by a further 2 years may reduce their risk of GIST recurrence.

STUDY DESIGN

This is an open-label, 2 arm, prospective, randomised multicentre phase III trial. Patients diagnosed with GIST who have completed 3 years of adjuvant imatinib, who are free from GIST recurrence after treatment and who have a high risk of recurrence despite 3 years of imatinib, will be randomly allocated to one of 2 arms in a 1:1 ratio (to continue with imatinib for another 2 years vs to stop adjuvant imatinib).

ELIGIBILITY CRITERIA

Patients must have undergone a macroscopically complete surgical resection of GIST (either a R0 or R1 resection). A high risk of GIST recurrence includes:

1. Gastric GIST with mitotic count >10/50 HPFs or >10/5 mm^2, or
2. Non-gastric GIST with mitotic count >5/50 HPFs or >5/5 mm^2, or
3. Non-gastric GIST treated with neoadjuvant Imatinib and initially larger than 10cm, or
4. Tumour rupture (spillage of the tumour contents into the abdominal cavity) may have occurred either before or at surgery.

STUDY UPDATE

PARTICIPATING SITES

8 sites were activated across NSW, QLD, SA, VIC and WA.

RECRUITMENT

- Australian accrual: 13
- Global accrual: 255

The study opened to recruitment on 17th February 2022 and closed to recruitment on 31st May 2023. The success of the study to enrol 13 patients in Australia within this very niche patient population and within a shortened recruitment window is primarily attributed to:

- SSGXXII Investigators proactively identifying potential participants ahead of time who may be eligible within the recruitment period;
- SSGXXII Investigators communicating with their local clinician networks for possible referrals;
- Engagement with clinicians through the AGITG member network;
- Engagement with consumers through various consumer groups, with the assistance of AGITG's Community Advisory Panel.

The SSGXXII trial is well suited to allow for some remote visits across the ten-year follow up period, and this improves access for patients from rural, remote and regional communities. Formal teletrial set up was investigated for some regional centres but not implemented due to lack of patients eligible within the recruitment period in those regions.

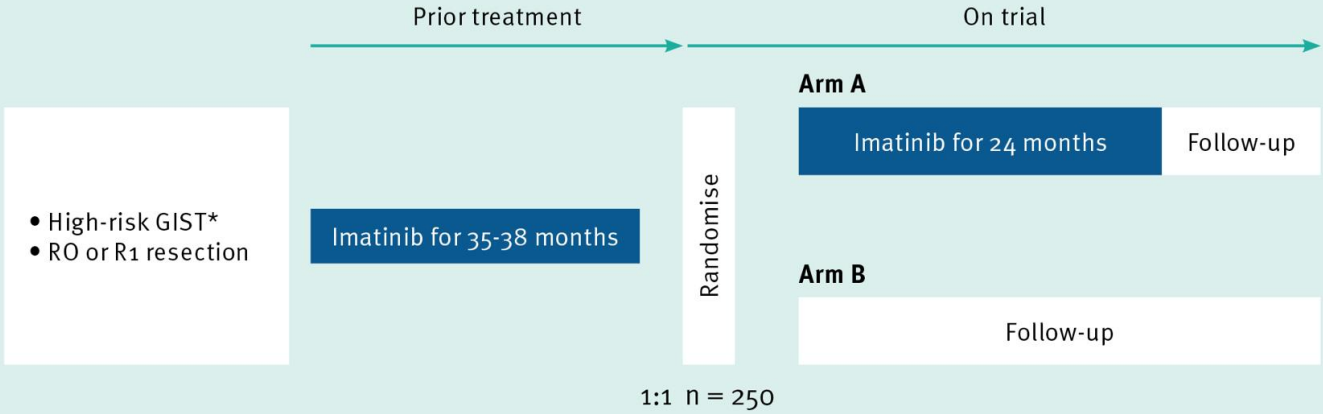
Of the Australian participants enrolled to the SSGXXII study, the large majority are gastric GIST patients. The SSGXXII Investigators and study teams are now focussed on maintaining high quality follow-up of all participants through ensuring participant retention and engagement for the remainder of the study.

An Australian Health Economics sub-study is planned, to include a within-trial cost-utility analysis, resource use and costs analysis using MBS/PBS data and quality-adjusted survival using EQ-5D-5L.

TRANSLATIONAL RESEARCH

Serial bloods and archival tumour tissue from all participants are collected for translational research studies. These will be used to evaluate tumour tissue and blood molecular biomarkers predictive of GIST recurrence. The effect of tumour site, tumour mutation type, and imatinib dose at randomisation on recurrence-free survival will also be studied.

STUDY SCHEMA



*Gastric GIST with >10 mitoses/50 HPFs; or non-gastric GIST with >5 mitoses/50 HPFs; or non-gastric GIST treated with neoadjuvant imatinib and initially larger than 10 cm; or tumour rupture

Stratify for:
- Imatinib dose prior to randomisation (<400 mg/day, 400 mg/day, or >400 mg/day)