ANBL 2131

Satellite Educational Training Module

NOVEMBER 1, 2024

Presented to: Satellite Clinic Healthcare Providers
Presented by: Dr. Paul Gibson

ANBL 2131

A Phase 3 Study of Dinutuximab Added to Intensive Multimodal Therapy for Children with Newly Diagnosed High-Risk Neuroblastoma

November 1, 2024

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Background

- Despite incremental improvements over the past 2 decades, survival in high-risk neuroblastoma remains suboptimal
- Most of the recent advances in therapy (tandem transplant, immunotherapy) come to patients who have had an acceptable response to induction (i.e. ‘regular’ chemotherapy) early in therapy
- Studies in relapsed patients have shown that immunotherapy with dinutuximab can be safely combined with chemotherapy

Primary Aim

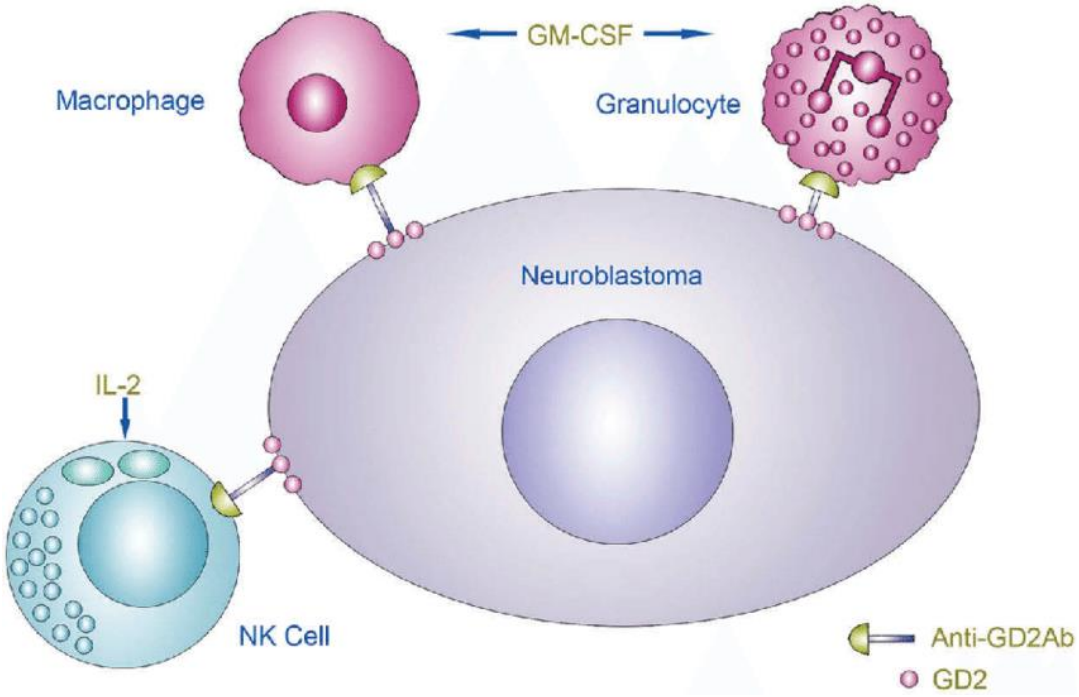
- To determine if the event-free survival (EFS) of patients with newly diagnosed high-risk neuroblastoma assigned to early chemoimmunotherapy during Induction differs from that of patients who are not assigned to treatment that includes early chemoimmunotherapy

Secondary Aims

- To determine if early chemoimmunotherapy during Induction therapy improves end of Induction (EOI) response rates and overall survival (OS) for patients with newly diagnosed high-risk neuroblastoma
- To determine response rates, EFS, and OS following an Extended Induction regimen with chemoimmunotherapy in patients with progressive disease or a poor response to Induction therapy
- To compare the toxicities experienced by patients treated with chemoimmunotherapy during Induction versus those experienced by patients treated with standard Induction and to describe toxicities experienced during Extended Induction
- To determine GD2 expression on tumor tissue and tumor cells in bone marrow and assess for associations with response and outcome

Dinutuximab

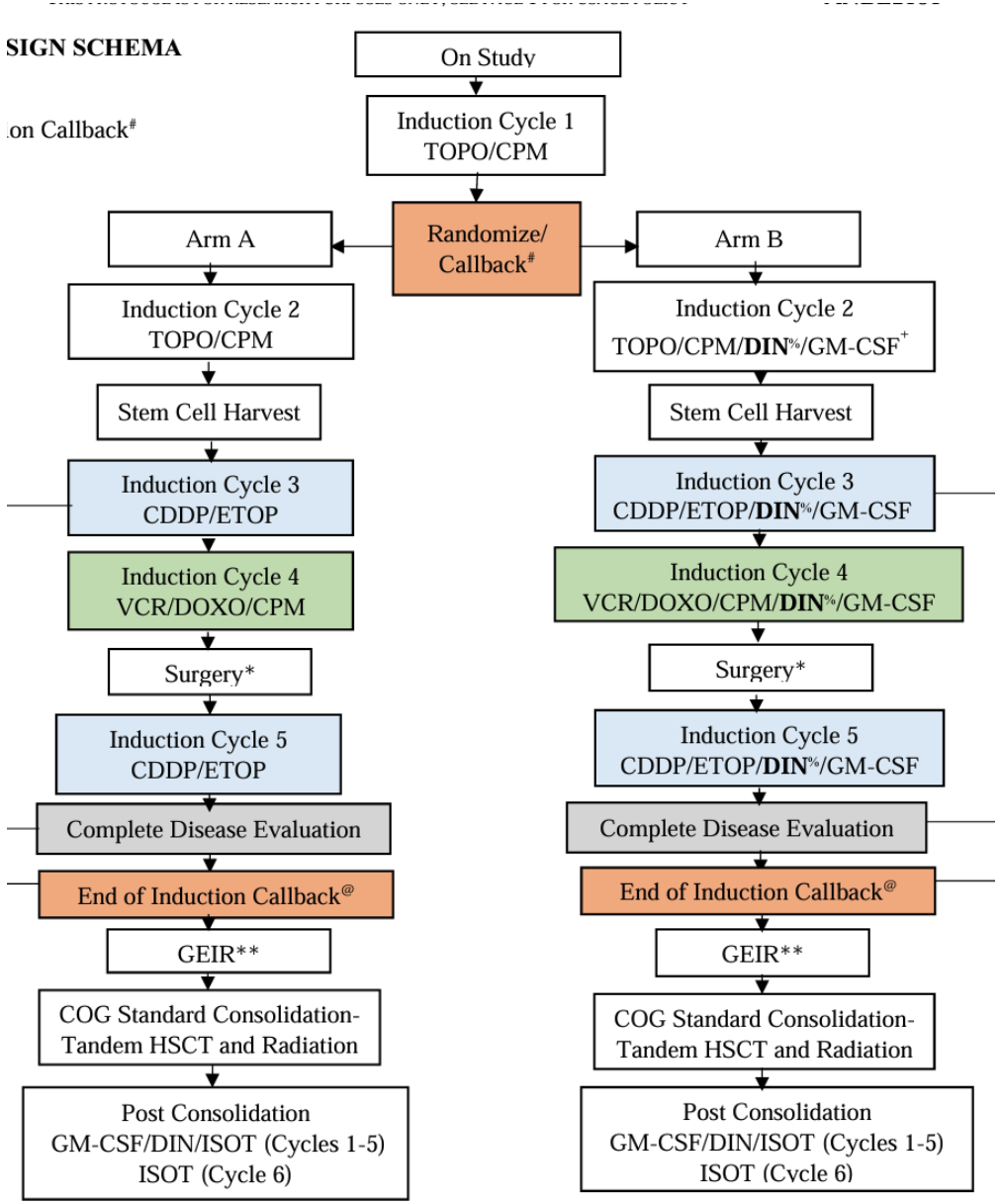
- Anti-GD2 chimeric antibody, usually administered as post transplant therapy in up-front HR Neuroblastoma or in relapsed/refractory situations
- Inpatient administration daily x 4 days (1:1 nursing)
- Multiple significant infusional toxicities
  - Neuropathic pain (opioid infusions, neuropathic meds)
  - Allergy/hypotension/fluid overload
  - Ocular toxicities



Mora, J. Expert Review of Clinical Pharmacology, 2019

Study Design: Upfront

- All therapy in both arms will be administered at Primary treatment sites with the possible exception of Cycle 2 in Arm A (Topotecan and Cyclophosphamide)
- Satellites can expect to see patients following each cycle for assessment, blood work and supportive care (including blood products and fever management)



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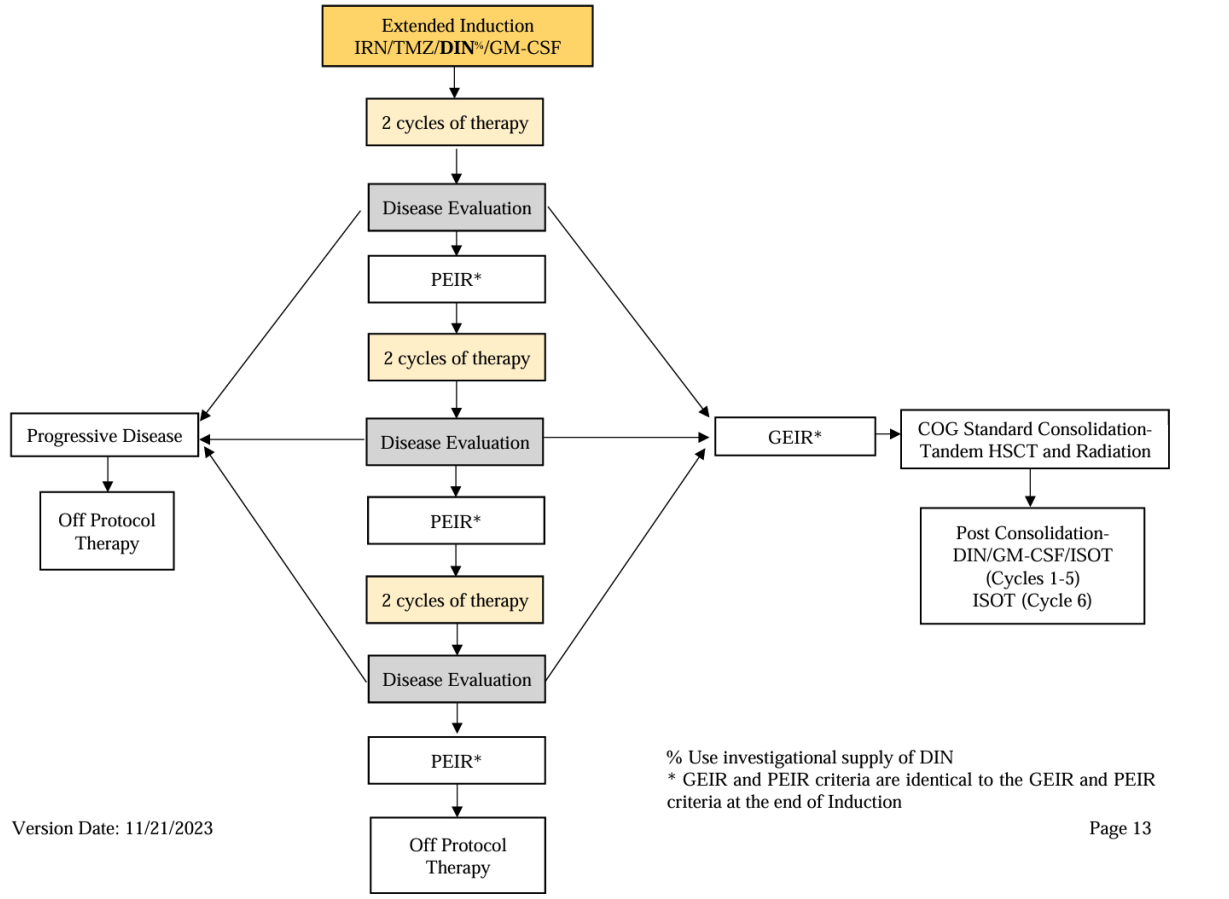
Study Design: “Extended Induction”

- Patients with poor responses to upfront therapy will be eligible to receive ‘relapse style’ therapy in hopes of salvaging their course and allowing continuation on to transplant, radiation and immunotherapy



GEIR: Good End of Induction Response
PEIR: Poor End of Induction Response

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FOR KIDS WITH CANCER
FOR NOW, FOR LIFE.

ANBL 2131: Important Satellite Points

Myeloid Growth Factors

- Patients in Arm A (control arm) AND all patients post cycle 1 will receive standard myeloid growth factors (filgrastim or pegfilgrastim)
- Post cycle 2:
  - Filgrastim (NOT pegylated) will be used in preparation for stem cell harvest
- Arm B patients will receive sargramostim (GM-CSF). This drug is not commercially available and instead patients will have a study supply distributed by their treating centres
- Satellites are strongly encouraged to contact referring centres to confirm proper growth factor use for patients seen in clinic or admitted

Toxicity Reporting

- Toxicity reporting remains the responsibility of the primary treating team
- Please ensure rapid communication of admissions and any new or worsening toxicities to the primary teams

Important considerations for Satellite Visits?

- Myeloid Growth Factors
  - Which one? Which Cycle? Which Dose?
  - Compliance? Did the home doses get administered?
- Any new and/or unexpected lab values?
  - Evidence of renal/hepatic dysfunction: Contact Referring Centre
- Any new or worsening symptoms or findings?
  - Visual changes?
  - Ocular/pupillary Changes?

ALK Mutated Neuroblastoma

- ANBL 1531 tests the addition of lorlatinib to chemotherapy in ALK mutated neuroblastoma
- Should patients on ANBL 2131 be found to have an ALK mutation, they will be offered transfer to ANBL 1531
- Once ANBL 1531 reaches accrual, subsequent patients will be eligible for ANBL 2131 and for randomization

Summary

- ANBL 2131 attempts to improve outcome in High-Risk Neuroblastoma by bringing chemoimmunotherapy ‘up front’ in a randomized fashion
- Most of all therapy will be administered in the Primary Treating Centres
- Satellites will continue to play key roles in providing supportive care to on study patients
- Any concerns of adverse events, toxicities or drug dosing should be discussed with referring centres immediately

Training Complete

Click here for your Certificate of Completion for ANBL 2131.

1. Download your certificate.
2. Enter your name, POGO Satellite Clinic, and the date.
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Upon receiving your Certificate of Completion, POGO notifies your affiliated tertiary hospital(s) that your training for ANBL 2131 is complete.

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