

A CR-UK phase I study of BKM120 in patients with non-small cell lung cancer (NSCLC) receiving thoracic radiotherapy

Submission date 25/01/2013	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 29/01/2013	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 24/06/2019	Condition category Cancer	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

<http://www.cancerresearchuk.org/cancer-help/trials/a-study-looking-adding-biological-therapy-to-radiotherapy-non-small-cell-lung-cancer-bkm120>

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

EudraCT/CTIS number

2012-003762-40

IRAS number

ClinicalTrials.gov number

NCT02128724

Secondary identifying numbers

13615

Study information

Scientific Title

A CR-UK phase I dose escalation study of BKM120 in patients with non-small cell lung cancer (NSCLC) receiving thoracic radiotherapy

Acronym

BKM120

Study objectives

This study will be a single-centre, open-label, 3+3 cohort, dose escalation phase I study of the use of BKM120 in combination with thoracic radiotherapy. Patients with incurable NSCLC requiring palliative thoracic radiotherapy will be eligible for entry.

Ethics approval required

Old ethics approval format

Ethics approval(s)

NRES Committee South Central - Oxford B, 07/01/2013, ref: 12/SC/0674

Study design

Non-randomised open-label 3+3 cohort dose-escalation phase I study

Primary study design

Interventional

Secondary study design

Non randomised study

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use the contact details to request a patient information sheet

Health condition(s) or problem(s) studied

Topic: National Cancer Research Network; Subtopic: Lung Cancer; Disease: Lung (non-small cell)

Interventions

BKM120 Cohort 1, 50 mg OD (days 1-14). 20 Gy in 5 fractions (days 8-14)

BKM120 Cohort 2, 80 mg OD (days 1-14). 20 Gy in 5 fractions (days 8-14)

BKM120 Cohort 3, 100 mg OD (days 1-14). 20 Gy in 5 fractions (days 8-14)
BKM120 Cohort 4, At maximum tolerated dose (MTD) (days 1 to 28). 20 Gy in 5 fractions (days 22 - 28)

Intervention Type

Drug

Phase

Phase I

Drug/device/biological/vaccine name(s)

BKM120

Primary outcome measure

The safety, dose-limiting toxicity (DLT) and MTD of BKM120 with radiotherapy

Secondary outcome measures

Current secondary outcome measures as of 19/07/2016:

1. To evaluate Akt phosphorylation as a predictive marker of response to BKM120; Timepoint(s): Determine phosphorylation status of Akt in peripheral blood mononuclear cells (PBMC) at baseline, during BKM120 treatment and following BKM120 + RT treatment
2. To investigate potential biomarkers that correlate with response to BKM120; Timepoint(s): Measure tumour pAkt and Phosphatase and tensin homolog (PTEN) levels and then identify mutation status of RAS, PI3K and EGFR by PCR
3. To investigate whether BKM120 alters tumour hypoxia and perfusion; Timepoint(s): Changes in 18F-Misonidazole uptake as detected by PET-CT scans. Changes in blood flow as detected by perfusion CT

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3. To investigate whether BKM120 alters tumour hypoxia and perfusion; Timepoint(s): Changes in 18F-Misonidazole uptake as detected by PET-CT scans

Overall study start date

31/03/2013

Completion date

17/10/2017

Eligibility

Key inclusion criteria

Current inclusion criteria as of 02/03/2017:

1. Evidence of histologically confirmed NSCLC of any stage
2. Thoracic lesion requiring palliative radiotherapy and which has been identified on a scan

within eight weeks of starting the trial

3. Male or female, age ≥ 18 years at the day of consenting to the study
4. Life expectancy of at least 16 weeks
5. Eastern Cooperative Oncology Group (ECOG) performance score of 0-2
6. Patient is able to swallow and retain oral medication
7. The patient is willing to provide written informed consent and is likely to comply with the protocol for the duration of the study, and scheduled follow-up visits and examinations
8. Haematological and biochemical indices within the ranges shown below:
 - 8.1. Haemoglobin (Hb) ≥ 9.0 g/dL
 - 8.2. Absolute neutrophil count $\geq 1.5 \times 10^9/L$
 - 8.3. Platelet count $\geq 100 \times 10^9/L$
 - 8.4. International Normalised Ratio (INR) ≤ 1.5
 - 8.5. Potassium, calcium and Magnesium Within normal range
 - 8.6. Alanine aminotransferase (ALT) and aspartate aminotransferase (AST) not above normal range or ≤ 3.0 times ULN if liver metastases are present
 - 8.7. Total serum bilirubin not above normal range, or ≤ 1.5 times ULN if liver metastases are present or total bilirubin ≤ 3.0 times ULN if the chief investigator is satisfied that the patient has well documented Gilbert's disease and absence of other contributing disease process at the time of diagnosis
 - 8.8. Creatinine $\leq 1.5 \times$ ULN
 - 8.9. Fasting plasma glucose (FPG) ≤ 120 mg/dL [6.7 mmol/L]

Previous inclusion criteria from 19/07/2016 to 02/03/2017:

1. Evidence of histologically confirmed NSCLC of any stage
2. Thoracic lesion requiring palliative radiotherapy and which has been identified on a scan within eight weeks of starting the trial
3. Male or female, age ≥ 18 years at the day of consenting to the study
4. Life expectancy of at least 16 weeks
5. Eastern Cooperative Oncology Group (ECOG) performance score of 0-1
6. Patient is able to swallow and retain oral medication
7. The patient is willing to provide written informed consent and is likely to comply with the protocol for the duration of the study, and scheduled follow-up visits and examinations
8. Haematological and biochemical indices within the ranges shown below:
 - 8.1. Haemoglobin (Hb) ≥ 9.0 g/dL
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 - 8.8. Creatinine $\leq 1.5 \times$ ULN
 - 8.9. Fasting plasma glucose (FPG) ≤ 120 mg/dL [6.7 mmol/L]

Original inclusion criteria:

1. Evidence of histologically confirmed NSCLC of any stage
2. Thoracic lesion requiring palliative radiotherapy and which has been identified on a scan within eight weeks of starting the trial
3. Male or female, age ≥ 18 years at the day of consenting to the study

4. Life expectancy of at least 16 weeks
5. Eastern Cooperative Oncology Group (ECOG) performance score of 0-1
6. Patient is able to swallow and retain oral medication
7. The patient is willing to provide written informed consent and is likely to comply with the protocol for the duration of the study, and scheduled follow-up visits and examinations
8. Haematological and biochemical indices within the ranges shown below:
 - 8.1. Haemoglobin (Hb) ≥ 9.0 g/dL
 - 8.2. Absolute neutrophil count $\geq 1.5 \times 10^9/L$
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 - 8.8. Creatinine $\leq 1.5 \times$ ULN
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Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

UK Sample Size: 2-30

Total final enrolment

21

Key exclusion criteria

1. Previous chemotherapy or biological therapy within four weeks of starting study treatment
2. Treatment with any other investigational agent, or participation in another interventional clinical trial within 28 days prior to enrolment
3. Patient has not recovered to grade 1 or better (except alopecia) from related side effects of any prior antineoplastic therapy
4. Treatment at the start of study treatment with any drugs known to be moderate or strong inhibitors or inducers of isoenzyme CYP3A4, and the treatment cannot be discontinued or switched to a different medication prior to starting study drug.
5. Presence of active uncontrolled or symptomatic CNS metastases. Patients with asymptomatic CNS metastases may participate in this trial. Any prior local treatment for CNS metastases must have been completed treatment ≥ 28 days prior to enrolment in the trial (including surgery and radiotherapy).

6. Patient has poorly controlled diabetes mellitus (HbA1c > 8 %)
7. Previous exposure to PI3K, mTOR, or AKT inhibitor
8. Patient has a known hypersensitivity to any of the excipients of BKM120
9. Previous thoracic radiotherapy treatment
10. Any previous extra-thoracic radiotherapy within 28 days prior to enrolment
11. Medically documented history of or active major depressive episode, bipolar disorder, obsessive-compulsive disorder, schizophrenia, a history of suicidal attempt or ideation, or risk of doing harm to others
12. Patient meets the cut-off score of ≥ 12 in the PHQ9 or a cut-off of ≥ 15 in the GAD7 mood scale, respectively, or selects a positive response of '1, 2, or 3' to question number 9 regarding potential for suicidal thoughts ideation in the PHQ9 (independent of the total score of the PHQ9)
13. Patient has \geq CTCAE grade 3 anxiety
14. Other psychological, social or medical condition, physical examination finding or a laboratory abnormality that the Investigator considers would make the patient a poor trial candidate or could interfere with protocol compliance or the interpretation of trial results.
15. Patient has a concurrent malignancy or has had any malignancy (other than NSCLC) in the last 3 years prior to start of study treatment (with the exception of adequately treated basal or squamous cell carcinoma or cervical carcinoma in situ)
16. Patient has had major surgery within 14 days of starting the study drug.
17. Patient has any other concurrent severe, and/or uncontrolled medical condition that would, in the investigator's judgement contraindicate patient participation in the clinical study (e.g. chronic pancreatitis, chronic active hepatitis).
18. Patient has impairment of gastrointestinal (GI) function or GI disease that may significantly alter the absorption of BKM120.
19. Patients who are known to be serologically positive for Hep B, Hep C or HIV.
20. Patient has active cardiac disease including any of the following:
 - 20.1. LVEF < 50% as determined by MUGA scan or ECHO
 - 20.2. QTc > 480 msec on screening ECG (using the QTcF formula)
 - 20.3. Patient is taking a medication that has a known risk of causing QT interval prolongation or inducing Torsades de Pointes, and the treatment cannot be discontinued or switched to an alternative medication.
 - 20.4. Angina pectoris that requires the use of antianginal medication
 - 20.5. Ventricular arrhythmias except for benign premature ventricular contractions
 - 20.6. Any other cardiac arrhythmia not controlled with medication
 - 20.7. Supraventricular and nodal arrhythmias requiring a pacemaker or not controlled with medication
 - 20.8. Conduction abnormality requiring a pacemaker
 - 20.9. Valvular disease with documented compromise in cardiac function
 - 20.10. Symptomatic pericarditis
 - 20.11. History of myocardial infarction within 6 months of entering the trial
 - 20.12. History of congestive heart failure(New York Heart Association functional classification III-IV)
 - 20.13. Documented cardiomyopathy
21. Pregnant or breastfeeding women, or women of childbearing potential unless effective methods of contraception are used. Women of childbearing potential must use highly effective methods of contraception. Oral contraception, injected or implanted hormonal methods are not allowed as BKM120 potentially decreases the effectiveness of hormonal contraceptives. Acceptable methods of contraception are either:
 - 21.1. True abstinence
 - 21.2. Surgical sterilization

21.3. Male partner sterilization

Or use of a combination of any two of the following (a+b):

a) Placement of an IUD or IUS

b) Barrier methods of contraception: condom or occlusive cap (diaphragm or cervical/vault caps) with spermicidal foam/gel/film/cream/vaginal suppository . Female patients must use acceptable methods of contraception must continue to use contraception for at least 4 weeks after completing BKM120. Male patients (and their female partners) will need to continue to use use contraception for at least 16 weeks after completing BKM120. Women of childbearing potential must have a negative serum pregnancy test \leq 72 hours prior to initiating treatment

Date of first enrolment

31/03/2013

Date of final enrolment

31/08/2017

Locations

Countries of recruitment

England

United Kingdom

Study participating centre

Churchill Hospital

Oxford

United Kingdom

OX3 7LE

Sponsor information

Organisation

University of Oxford (UK)

Sponsor details

Clinical Trials and Research Governance (CTRG)

Joint Research Office

Block 60 Churchill Hospital

Headington

England

United Kingdom

OX3 7LJ

Sponsor type

University/education

Website

<http://www.admin.ox.ac.uk/researchsupport/ctrg/>

ROR

<https://ror.org/052gg0110>

Funder(s)

Funder type

Charity

Funder Name

Cancer Research UK (UK)

Alternative Name(s)

CR_UK, Cancer Research UK - London, CRUK

Funding Body Type

Private sector organisation

Funding Body Subtype

Other non-profit organizations

Location

United Kingdom

Funder Name

Oxford Cancer Imaging Centre (UK)

Results and Publications

Publication and dissemination plan

The current plan is that the research will be published in a specialist peer-reviewed scientific journal.

Intention to publish date

31/03/2019

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Sarah Pearson (octo-enquiries@oncology.ox.ac.uk).

Type of data: PET imaging data

When the data will become available and for how long: Currently available, no specific limit on

duration at present.

By what access criteria will be shared: Internal/external researchers will have to complete a data sharing form (available on request) specifying amongst other details the motivation of their request, background, rationale, details of funding and approvals and also agree to specific conditions of data sharing. There is no specific restriction on the types of analyses at present and upon approval data will be transferred using a secure method.

Consent: Consent not specifically obtained but the data is completely anonymised including scan dates. This is in compliance with the MRC's Good Practice Principles for Sharing Individual Participant Data From Publicly Funded Clinical Trials V1.0 4.2.2.

Ethical/legal restrictions: The researchers would expect the research to be ethically approved where required and for legal compliance as appropriate.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Basic results	results	18/10/2018	18/10/2018	No	No
Results article		01/05/2019	19/06/2019	Yes	No
HRA research summary			28/06/2023	No	No