3003 POSTER DISCUSSION

Efficacy of Lanreotide 30 mg as Symptomatic Treatment in Patients With Inoperable Bowel Obstruction Due to Peritoneal Carcinomatosis − a Randomized, Double-blind, Placebo-controlled Study

L. Chauvenet[1], P. Mariani[2], J. Blumberg[3]. [1]*Hôpital Hôtel Dieu, Oncology, Paris, France;* [2]*Institut Curie, Surgery, Paris, France;* [3]*IPSEN, Clinical Research, les Ulis, France*

Background: Somatostatin analogs in previous open-label studies improved symptoms due to bowel obstruction in patients with peritoneal carcinomatosis. This study assessed the efficacy and safety of lanreotide microparticles, 30 mg, as a treatment for clinical symptoms in inoperable patients.
Methods: Eighty cancer patients with inoperable digestive obstruction of malignant origin (mean age 62.3 years, 82.5% female) were randomized to receive one intramuscular injection either of lanreotide microparticles, 30 mg (n = 43) or placebo (n = 37). The primary location of cancer was mostly genital (ovary 37.5%, uterus 13.8%) or digestive (colon 16.3%, stomach 11.3%, pancreas 6.3%). Most patients were fed by central parenteral route (80%) and were severely impaired (63.8% with ECOG 3 or 4). The primary endpoint was the response rate at day 7 (responders defined as patients with one or less vomiting episode per day or no vomiting recurrence after removal of the NGT for at least 3 consecutive days) assessed in a diary card in the intend-to-treat (ITT) population. Per protocol (PP) population mainly excludes concomitant treatment and inclusion criteria deviations defined during a blinded data review meeting.
Results: In the ITT analysis, 41.9% of lanreotide 30 mg treated patients were responders versus 29.7% for placebo. This difference was not statistically significant (odds ratio [OR]1.75; 95% CI [0.68; 4.49]; p = 0.24, logistic regression). The predefined PP (n = 49) subgroup analysis did show a statistically and clinically significant higher response rate in the lanreotide group (OR, 3.60; 95% CI [1.03, 12.62]; p = 0.045). There was no significant difference between the 2 treatment groups in secondary efficacy endpoints assessment but there were significant differences in favor of lanreotide in well-being using a visual analog scale at day 3 ($p < 0.05$), day 6 ($p < 0.05$) and day 7 ($p < 0.01$). No drug-related serious adverse event or unexpected event was reported.
Conclusion: Lanreotide 30 mg may decrease clinical symptoms and improve well-being in patients with inoperable bowell obstruction due to peritoneal carcinomatosis.

3004 POSTER DISCUSSION

Quality of Life in Patients With Malignant Ascites and Ascites Symptoms After Treatment With Catumaxomab: Results From a Multicenter Phase II/III Study Comparing Paracentesis Plus Catumaxomab With Paracentesis Alone

A. Gonschior[1], H. Gilet[2], M.M. Heiss[3], M. Hennig[4], M. Moehler[5], B. Schmalfeldt[6], E. Schulze[7], P. Wimberger[8], S.L. Parsons[9]. [1]*Fresenius Biotech GmbH, Reimbursement & Access, Munich, Germany;* [2]*Mapi Values, Statistics, Lyon, France;* [3]*Cologne-Merheim Medical Center University of Witten-Herdecke, Department of Surgery, Cologne, Germany;* [4]*Fresenius Biotech GmbH, Biostatistics, Munich, Germany;* [5]*Johannes-Gutenberg University, Medical Clinic, Mainz, Germany;* [6]*Technical University Munich, Department of Obstetrics and Gynecology, Munich, Germany;* [7]*Fresenius Biotech GmbH, Medical Information, Munich, Germany;* [8]*University of Duisburg-Essen, Department of Obstetrics and Gynecology, Essen, Germany;* [9]*Nottingham University Hospitals NHS Trust, Department of Surgery, Nottingham, United Kingdom*

Background: Malignant ascites (MA) is associated with a poor prognosis. Patients suffering from MA experience a number of burdensome symptoms and an impaired quality of life (QoL). Therapeutic options are limited in efficacy. The trifunctional antibody catumaxomab is approved for the treatment of MA. Its superiority over paracentesis including a positive trend in overall survival has been demonstrated in a pivotal study (NCT00836654, Fresenius Biotech). The objective of this analysis was to compare ascites symptoms and QoL as reported by patients between catumaxomab and paracentesis (control).
Material and Methods: The AC01 study was a 2-arm, randomized (2:1), open-label, multicenter, phase II/III study in patients with symptomatic MA due to EpCAM-positive cancer. QoL and ascites symptoms (anorexia, nausea, early satiety, abdominal pain, abdominal swelling, dyspnea, vomiting, swollen ankles, fatigue, heartburn) and were assessed for patients randomized to catumaxomab (N = 170) and control (N = 88) using the EORTC QLQ-C30 and a symptom questionnaire at different visits including screening, months 1, 3, and 7, and re-puncture. QoL was assessed using time to first deterioration in QLQ-C30 scores defined as decrease in the score of at least 5 points (corresponding to a clinically relevant deterioration). QoL was compared between treatment groups using survival methods with log-rank test and Cox models adjusted for baseline score, country, and primary tumour type. The rate of symptom-free patients was compared between treatment groups using Fisher's exact test.
Results: Deterioration in QoL scores appeared more rapidly in control than in the catumaxomab group (median: 16−28 days vs. 45−49 days). The difference in time to first deterioration in QoL between groups was statistically significant for all 15 QLQ-C30 scores ($p < 0.05$) and results were confirmed using Cox models ($p < 0.05$ for all scores) with hazard ratios ranging from 0.08 for nausea and vomiting to 0.42 for constipation corresponding to a statistically significant risk reduction of 92 to 58%. Accordingly, at the visits 8 days, 1 month and 3 months after treatment more patients in the catumaxomab group were symptom-free compared to control (34−52% vs. 17−36%, 22−33% vs. 5−6% and 6−10% vs. 0%, respectively).
Conclusions: Catumaxomab maintains patients at a health status with a better QoL for a longer period of life and a prolonged reduction of ascites symptoms compared to paracentesis.

3005 POSTER DISCUSSION

Is There Any Added Value in the Pooled Analysis of Over 120 Large Scale Phase III Randomized Clinical Trials in Health Related Quality of Life?

E. Zikos[1], C. Coens[2], D.E. Ediebah[1], E. Greimel[3], B.B. Reeve[4], J. Ringash[5], J. Schmucker-Von Koch[6], M.J. Taphoorn[7], J. Weis[8], A. Bottomley[1]. [1]*EORTC, Quality of Life, Brussels, Belgium;* [2]*EORTC, Statistics Department, Brussels, Belgium;* [3]*Medical University Graz, Obstetrics and Gynecology, Graz, Austria;* [4]*National Cancer Institute, Obstetrics and Gynecology, Bethesda Maryland, USA;* [5]*University of Toronto, The Princess Margaret Hospital, Toronto, Canada;* [6]*University of Regensburg, Medical Ethics, Regensburg, Germany;* [7]*Medical Centre Haaglanden, Neurology, The Hague, The Netherlands;* [8]*University of Freiburg, Psychooncology, Freiburg, Germany*

Background: The Patient Reported Outcomes and Behavioral Evidence (PROBE) project brings together investigators from a variety of disciplines to conduct retrospective quantitative analysis of data pooled from closed international randomized clinical trials (RCTs). Its aim was to understand the burden of cancer on patients' lives from the patient's perspective and to create better interpretive tools to guide clinicians in their decision making for improving their patients' Health-Related Quality of Life (HRQOL). Among many research topics, researchers explored cancer survival prognosis, internal relationships among indicators and minimal important differences (MID) for HRQOL scores.
Methods: All analyses were based on closed RCTs involving 20 000 individual patients from the European Organisation for Research and Treatment of Cancer (EORTC), the National Cancer Institute Canada (NCIC) and the Arbeitsgemeinschaft Gynaekologische Onkologie (AGO). Merged data from this international collaboration made use of EORTC Quality of Life Questionnaire (EORTC QLQ-C30) and associated modules as well as clinical and survival data. Over a three year period more than 30 EORTC, NCIC, AGO and Medical Research Council (MRC) investigators were contacted requesting permission to use data from closed RCTs covering 11 cancer sites.
Results: Over 20 pooled analyses have been conducted, 25 abstracts presented at major conferences (e.g. ASCO, ESMO), five papers published and five submitted to high impact factor oncology journals (IF > 12). Our study of symptom clusters revealed that symptoms tend to appear in clusters for cancer types and treatments. The study of baseline HRQOL as a prognostic indicator of survival strongly suggests that patient-reported data on their HRQOL increase the predictive accuracy by 8.3% when compared to clinical data alone. The pooled analysis study of clinical MID estimated the smallest HRQOL score on the EORTC QLQ-C30 considered important (>10). While these analyses provided valuable insights, major constraints, such as data access, data ownership, transfer of data across member states, the need to standardise databases to facilitate pooled analysis, and funding are possible long term barriers that need to be addressed by PROBE investigators.
Conclusion: Despite the challenges to undertaking pooled analysis of PRO data from international RCTs, we believe the PROBE initiative to be something invaluable that can maximize the use of patient-reported data, which otherwise may have limited further use in closed RCTs. Our multi-disciplinary research project suggests that PROs, alongside clinical data, can be used by health care professionals to predict survival more accurately, evaluate changes in HRQOL and better understand their patients' needs.