



# PERSONALIZED TREATMENT ACCORDING TO GERIATRIC ASSESSMENT IN 1<sup>ST</sup> LINE RECURRENT AND/OR METASTATIC (R/M) HEAD AND NECK SQUAMOUS CELL CANCER (HNSCC) PATIENTS AGED 70 OR OVER.

J. Guigay, A. Auperin, C. Mertens, C. Even, L. Geoffrois, D. Cupissol, F. Rolland, C. Sire, J. Fayette, F. Peyrade, E. Blot, P. Debourdeau, L. Bozec Le Moal, O. Capitain, Y. Pointreau, C. Brard, C. Michel, D. Schwob, C. Ortholan, H. Le Caer

Medical Oncology, Centre Antoine Lacassagne, Nice; Biostatistics, Gustave Roussy, Villejuif; Medical oncology, Institute Bergonié, Bordeaux; Department of head and neck oncology, Gustave Roussy, Villejuif; Medical Oncology, Institut de Cancérologie de Lorraine - Alexis Vautrin, Vandoeuvre Les Nancy; Oncologie medicale, Institut régional du cancer de Montpellier, Montpellier; Oncologie medicale, ICO Institut de Cancerologie de l'Ouest René Gauducheau, Saint-Herblain; Radiation oncology, Centre Hospitalier de Bretagne Sud - Hôpital du Scorff, Lorient; Medical Oncology, Centre Léon Bérard, Lyon; Medical Oncology, Centre Anticancer Antoine Lacassagne, Nice; Oncologie medicale, Centre d'Oncologie St. Yves, Vannes; Oncology, Institut Ste Catherine, Avignon; Oncologie medicale, Hôpital René Huguenin - Institut Curie, St. Cloud; Oncologie medicale, Centre Paul Papin; Radiation oncology, Centre Jean Bernard, Le Mans; Biostatistic and Epidemiology Unit, Gustave Roussy Cancer Campus, Villejuif; Nice office, GORTEC, Nice; Service de Radiotherapie, Centre Hospitalier Princesse Grace, Monaco; Service de Pneumologie, Hôpital Yves Le Foll, Centre Hospitalier de Saint-Brieuc, Saint Brieuc, France



# DISCLOSURE SLIDE

---



## **ELAN program:**

Funding from INCa PAIR, Ligue Contre le Cancer, Sandoz, GEMLUC-GEFLUC,  
Centre Hospitalier Princesse Grâce de Monaco  
Merck KGaA : cetuximab for ELAN-UNFIT

## **J Guigay:**

Advisory board member for Astra Zeneca, BMS, Innate Pharma, Merck KGaA,  
Nanobiotix

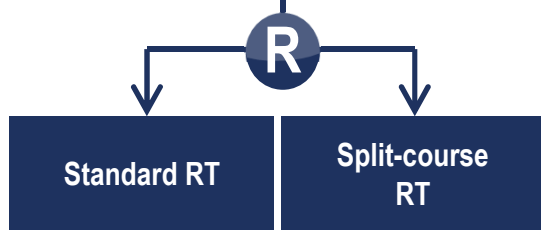
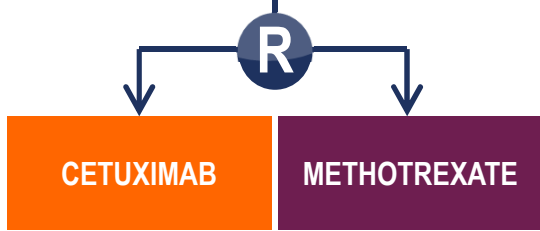
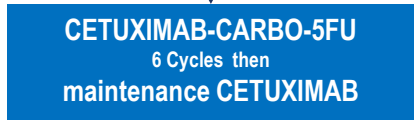
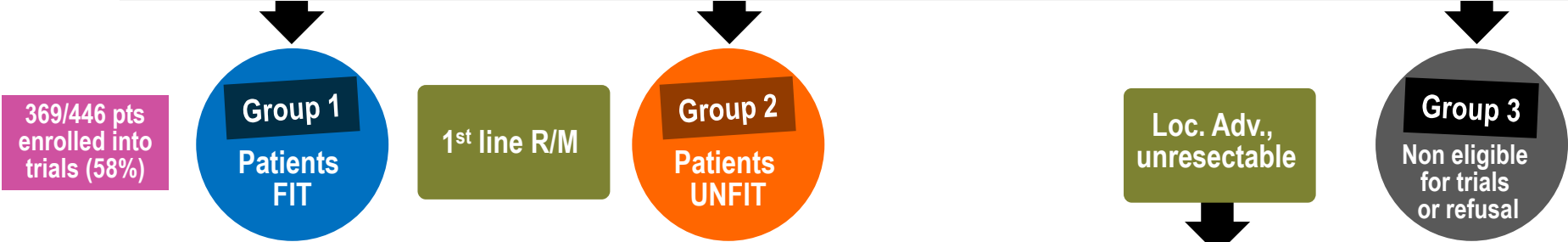
# ELAN TRIALS

---



## Background

- Challenges in treating patients aged 70 years and older with HNSCC are to maximise the treatment benefit/risk ratio and manage tumour related symptoms
- No standard systemic treatment has been validated to date
- Ten years ago, GERICO-GORTEC groups developed **ELAN**, a french large prospective clinical program, to improve the management of elderly HNSCC patients and set:
  - > The Elan Geriatric Evaluation (EGE) is an adapted geriatric evaluation that is feasible for use in daily practice. ELAN ONCOVAL study showed that EGE is more suitable than G8 for HNSCC patients (ESMO 2017, ASCO 2019).
  - > New standards of care for this patient population: RT in Locally advanced (phase III ELAN RT), 1<sup>st</sup> line systemic treatment for R/M (ELAN FIT and ELAN UNFIT trials)
  - > We report here the results of ELAN **FIT** and **UNFIT** trials dedicated to elderly R/M HNSCC pts



BARCELONA 2019 **ESMO** congress

# ELAN-FIT & UNFIT TRIALS



## Methodology

- Patients aged 70 years and older with R/M HNSCC enrolled in the ELAN-ONCOVAL study were classified as fit or unfit according to the ELAN geriatric evaluation (EGE) with optional Comprehensive Geriatric Assessment.
- **Fit patients** were eligible for enrolment in the 2-stage **phase II ELAN-FIT trial** (NCT01884623) testing the standard **cetuximab-carboplatin-5FU (EXTREME) combination**
- **Unfit patients** could enter the randomized **phase III ELAN-UNFIT trial** (NCT01864772) comparing monotherapy with cetuximab 500 mg/m<sup>2</sup> every 2 weeks to methotrexate 40 mg/m<sup>2</sup> weekly



**ELAN-ONCOVAL**  
 J GUIGAY / C MERTENS  
 EGE + G8 +/- CGA



642 pts



369/446 pts  
 enrolled into  
 trials (83%)

**Group 1**  
 Patients  
 FIT

1<sup>st</sup> line R/M

**Group 2**  
 Patients  
 UNFIT

**ELAN FIT**  
 NCT01884623

**ELAN UNFIT**  
 NCT01864772

**CETUXIMAB-CARBO-5FU**  
 6 Cycles then  
 maintenance CETUXIMAB

**R**

**CETUXIMAB**      **METHOTREXATE**

**GORTEC**  
 Groupe Oncologie Radiothérapie  
 Tête Et Cou  
 Radiotherapy oncology group for head & neck  
 PI : H Le Caer  
 GORTEC

**GUSTAVE ROUSSY**  
 CANCER CAMPUS  
 GRAND PARIS  
 PI: J Guigay  
 Gustave Roussy

Loc. Adv.,  
 unresectable

**Group 3**  
 Non eligible  
 for trials  
 or refusal

**ELAN RT**  
 Radiotherapy

**R**

**Standard RT**      **Split-course RT**

**GORTEC**  
 Groupe Oncologie Radiothérapie  
 Tête Et Cou  
 Radiotherapy oncology group for head & neck

PI : C Ortholan  
 GORTEC

BARCELONA  
 2019 **ESMO** congress

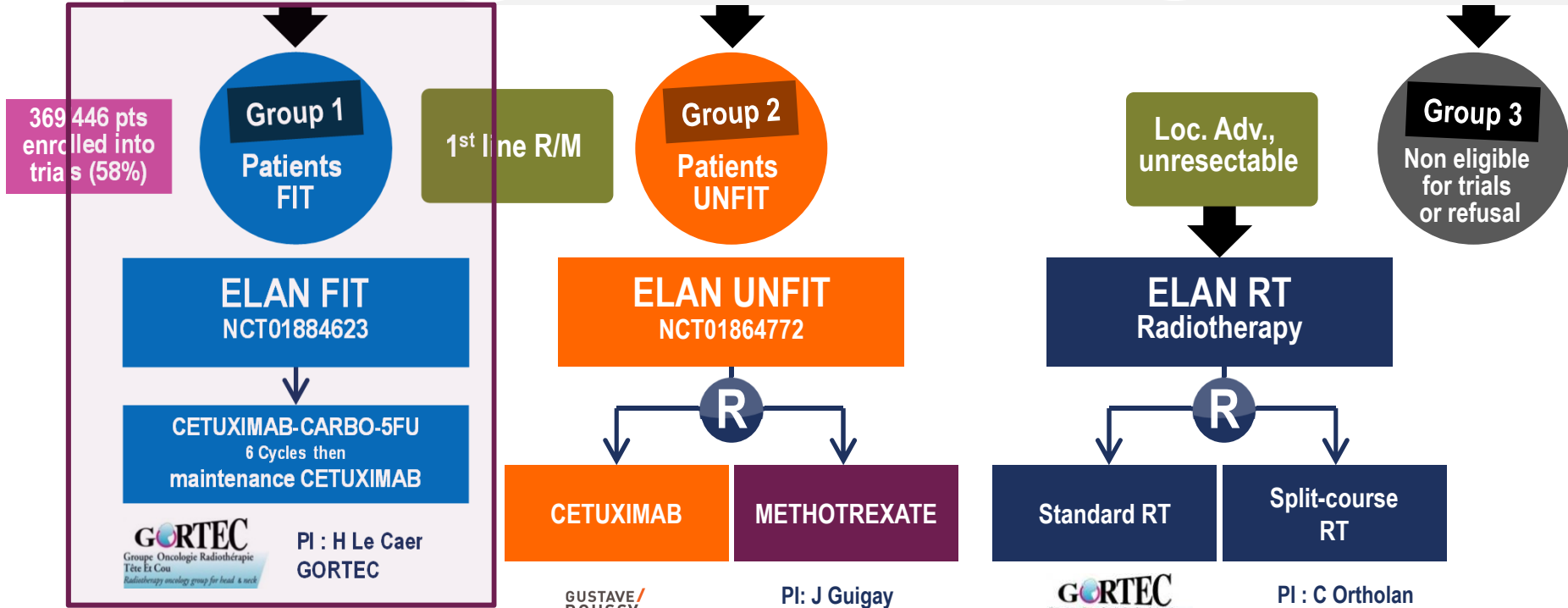


# ELAN-ONCOVAL

J GUIGAY / C MERTENS  
EGE + G8 +/- CGA



642 pts



BARCELONA 2019



congress



PI: J Guigay  
Gustave Roussy



PI: C Ortholan  
GOORTEC

# ELAN-FIT: DESIGN

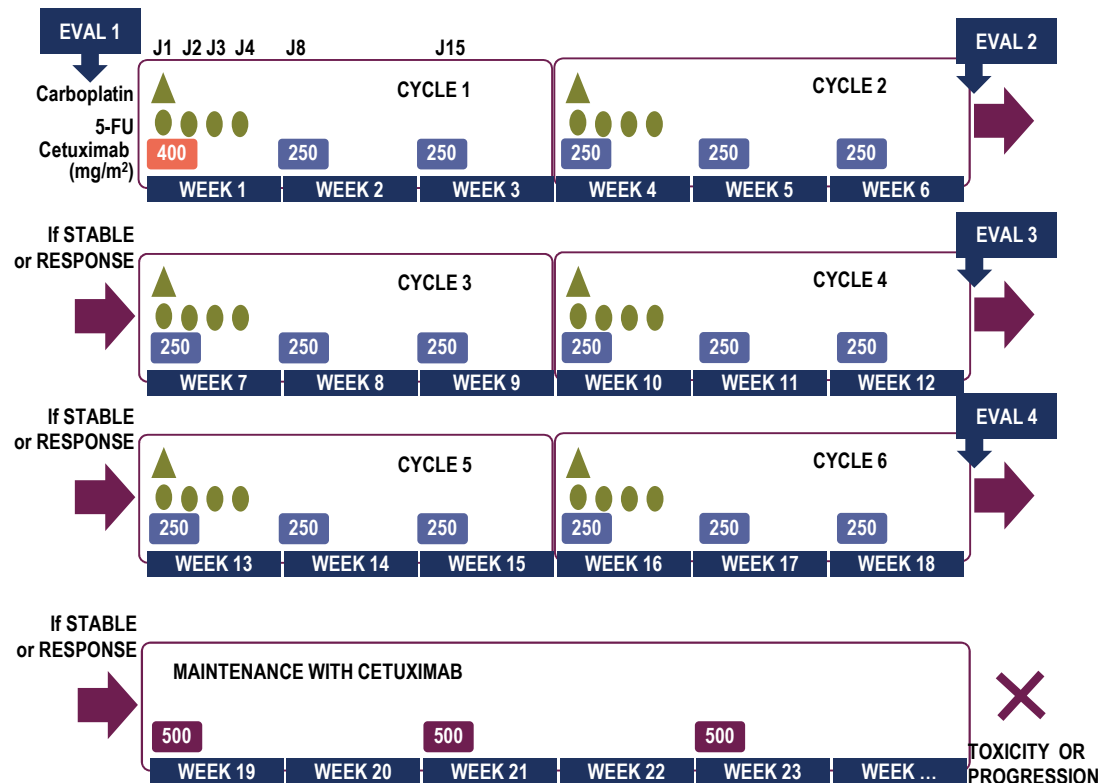


## ● KEY ELIGIBILITY CRITERIA

- > FIT elderly R/M HNSCC not suitable for locoregional treatment
- > Age 70 years or more
- > PS 0-1
- > Creatinine clearance >60 mL/min
- > No Anti-EGFR for 1 year

## ● EXTREME regimen

- > 6 cycles Q3W
- > CARBOPLATIN = AUC 5 IV
- > 5FU = 4000 mg/m<sup>2</sup> 96h continuous infusion
- > CETUXIMAB = 400 mg/m<sup>2</sup> (loading dose), then 250 mg/m<sup>2</sup> IV weekly
- > GCSF and EPO support





## ELAN-FIT: METHODS



- Phase II **single-arm trial, in 2 steps**, based on **Bryant et Day design combining efficacy and toxicity endpoints**
  - > Efficacy: **Objective response rate (ORR) at 12 weeks**
    - Hypothesis: unacceptable rate 15%, promising rate 35%
  - > Toxicity: **grade  $\geq 4$  adverse event (AE) or loss of autonomy** (ADL decrease  $\geq 2$  points) one month after end of chemotherapy (skin rash grade 4 was counted only if it leads to cetuximab definitive stop)
    - Hypothesis: unacceptable rate 40%, promising rate 25%
- Required number of patients: **78 patients**
- **First step among 37 patients**: continue to 2<sup>nd</sup> step if  $\geq 7$  patients with Objective Response and  $\leq 13$  patients with grade  $\geq 4$  AE or ADL decrease  $\geq 2$  points
- **Second step among 78 patients**: treatment promising if  $\geq 18$  patients with Objective Response and  $\leq 25$  patients with grade  $\geq 4$  AE or ADL decrease  $\geq 2$  points
- Type I error for ORR = 0.05; type I error for toxicity=0.08, power=89%



## Characteristics, ITT Population

85 enrolled from september 2013 to june 2018, 7 ineligible, 78 analyzed. Median FU = 30 months

	N (N=78)	%
<b>Gender</b>		
Male	66	85
Female	12	15
<b>Performance status (OMS)</b>		
0	31	40
1	47	60
<b>Age (years)</b>		
≥ 80	14	18
Median [min ; max]	75 [70 ; 89]	

Primary Site	N (N=78)	%
Oropharynx	30	38
Oral cavity	17	22
Hypopharynx	9	12
Larynx	18	23
Other	4	5

Evolution type	N (N=78)	%
Loco-regional recurrence alone	36	46
Metastasis alone	23	29
Both	19	25

## ELAN-FIT: RESULTS ON MAIN ENDPOINT



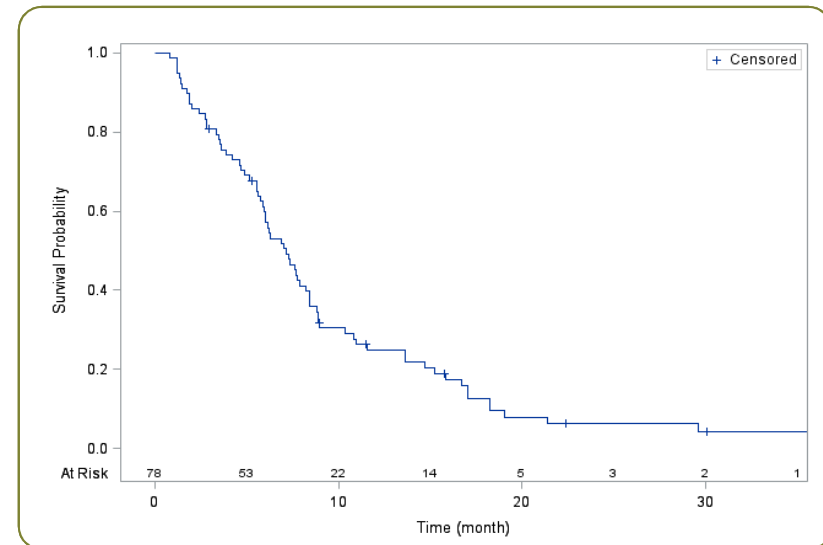
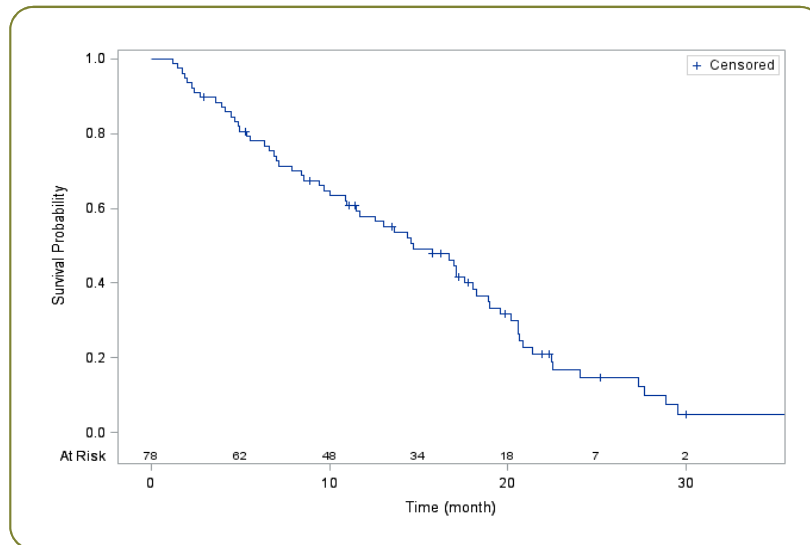
- Efficacy: RECIST Criteria, Central review at W12:
  - ✓ **ORR (CR +PR) at W12 = 40 %** (31/78 pts) (CI 95%=29%; 51%)
  - ✓ Stable Disease = 35% (27/78 pts)
  - ✓ Progression or deaths = 23% (18/78 pts)
- Toxicity: **less than 25 Pts** had a grade  $\geq 4$  or decrease of ADL  $\geq 2$  points or reaction leading to stop cetuximab
- **The study reached the main endpoint** with promising rates of efficacy and safety

# ELAN-FIT: SURVIVAL



- Median OS = 14.7 m [95% CI : 11.0 ; 18.1]
- 1y OS = 57.9% [95% CI : 46.6% ; 68.4%]

- Median PFS = 7.2 m [95% CI : 5.9 ; 8.4]
- 1y PFS = 24.9% [95% CI : 16.5% ; 35.8%]



# ELAN-FIT: SAFETY



## Adverse events (AEs) during CT phase

Maximal grade of AEs	N	%
% patients with no AE or AE grade 1-2	14	18%
% patients with AEs grade 3	45	58%
% patients with AEs grade 4	19	24%
% patients with AEs grade 5	0	0%

- 4 patients with decrease of ADL  $\geq$  2 points.
- 4 patients received only one dose of cetuximab following hypersensitivity reaction

**AE grade 4 : 19 patients (24%)  24 patients (31%) with grade  $\geq$  4 or decrease of ADL  $\geq$  2 points or reaction leading to stop cetuximab.**

## ELAN-FIT: MOST FREQUENT AES GRADE $\geq 3$



AE term	Total		Gd 3	Gd 4	Gd 5
	N	%	N	N	N
Leukopenia	22	28%	18	4	-
Neutropenia	20	26%	15	5	-
Thrombopenia	15	19%	13	2	-
Mcositis	13	17%	12	1	-
Anemia	12	15%	9	3	-
Fatigue	11	14%	11	-	-
Rash acneiform	10	13%	10	-	-
Magnesium disorder	9	12%	4	5	-
Natremia disorder	9	12%	7	2	-
Potassium disorder	8	10%	7	1	-
Infection	7	9%	4	3	-
Diarrhea	5	6%	5	-	-
Gamma GT increase	5	6%	4	1	-
Decrease of general status	4	5%	3	1	-

- Median number of CT cycles delivered = 5
- 56% patients started maintenance. Median duration was 3 months

## ELAN-FIT: COMPLIANCE

---



- During CT phase: 30 pts received the planned 6 cycles; Patients received a median of **5 cycles** of 5FU and/or carboplatin ,
- Main reason to delay CT was hematological toxicity
- Main reasons to stop CT before end of CT phase were: Toxicity: 11 patients, Decrease of PS: 10 patients; Progression : 9 patients; Refusal : 6 patients
- 4 patients received only one dose of cetuximab following hypersensitivity reaction
- **56% patients started maintenance.** Median duration was 3 months

**ELAN-ONCOVAL**  
 J GUIGAY / C MERTENS  
 EGE + G8 +/- CGA



642 pts



369/446 pts  
 enrolled into  
 trials (58%)

**Group 1**  
 Patients  
 FIT

1<sup>st</sup> line R/M

**Group 2**  
 Patients  
 UNFIT

Loc. Adv.,  
 unresectable

**Group 3**  
 Non eligible  
 for trials  
 or refusal

**ELAN FIT**  
 NCT01884623

**CETUXIMAB-CARBO-5FU**  
 6 Cycles then  
 maintenance CETUXIMAB



PI : H Le Caer  
 GORTEC

**ELAN UNFIT**  
 NCT01864772

**R**

**CETUXIMAB**

**METHOTREXATE**



PI: J Guigay  
 Gustave Roussy

**ELAN RT**  
 Radiotherapy

**R**

**Standard RT**

**Split-course  
 RT**



PI : C Ortholan  
 GORTEC

BARCELONA  
 2019 **ESMO** congress



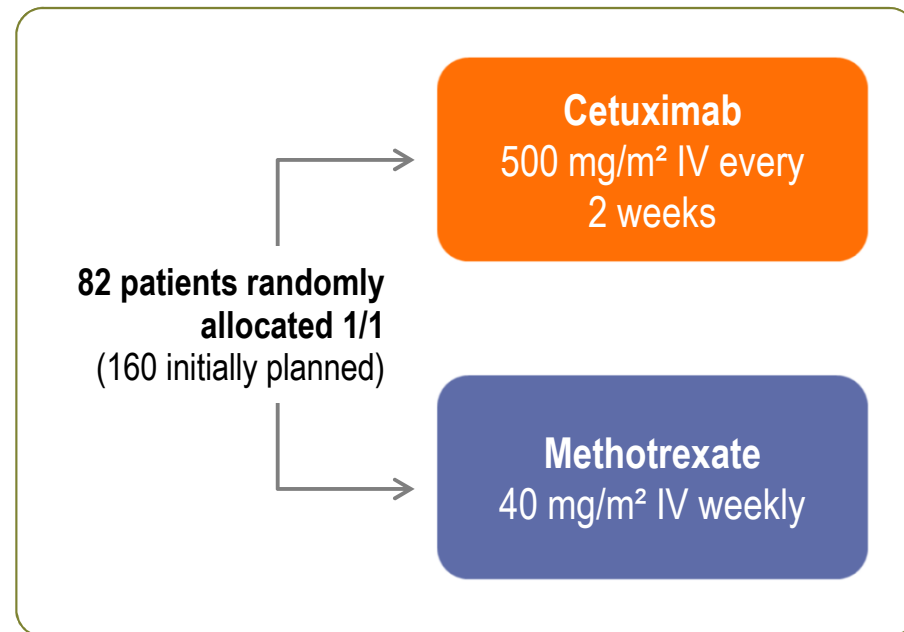
# ELAN-UNFIT DESIGN



## Main endpoint: Failure free survival

### ● KEY ELIGIBILITY CRITERIA

- > Unfit elderly R/M HNSCC not suitable for locoregional treatment
- > Age 70 years or more
- > PS 0-2
- > Creatinine clearance  $\geq$  50 mL/min
- > First line for R/M HNSCC
- > No previous Anti-EGFR except during RT stopped more than 1 year before



### **Minimization** criteria:

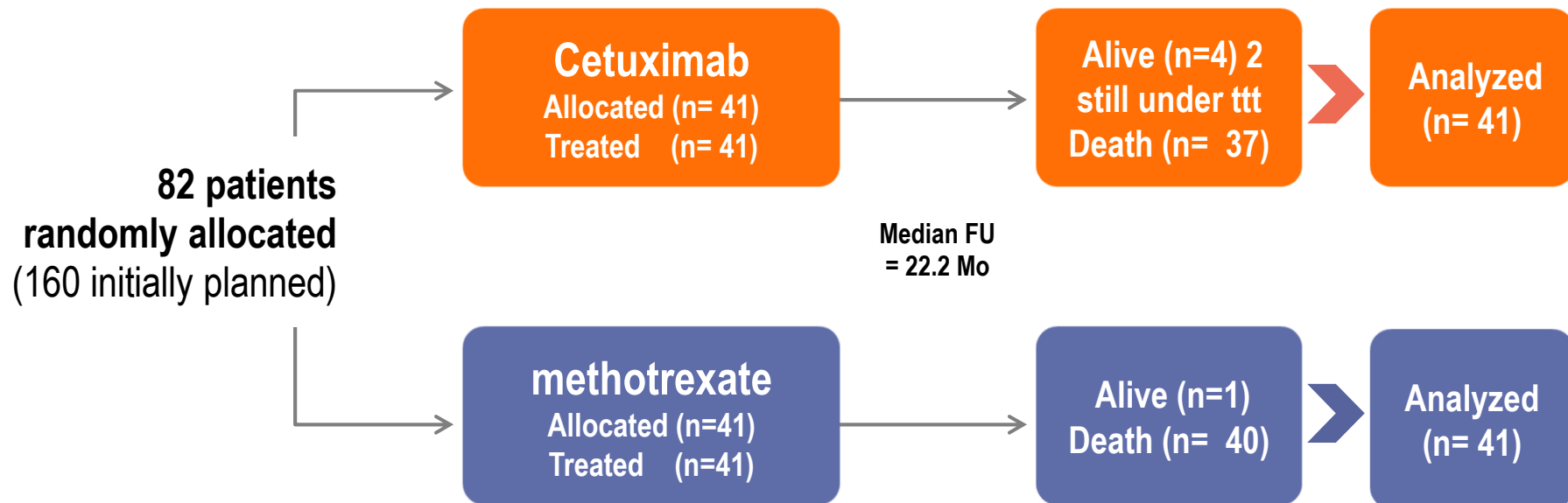
PS: 0-1 vs 2 ; Comorbidity Charlson score  $\leq$  2 vs  $\geq$  3 ; Albuminemia:  $>$  34 g/L vs  $\leq$  34 g/L ; Type of evolution: locoregional progression vs metastatic evolution ; Geriatrician consultation done before inclusion (yes vs no)

## ELAN-UNFIT : METHODS



- **Phase III randomized** trial comparing cetuximab 500 mg/m<sup>2</sup> every 2 weeks versus weekly methotrexate 40 mg/m<sup>2</sup>.
- **Primary endpoint: failure-free survival (FFS)**, defined as time from randomization to the first event among **progression** (according to RECIST), **treatment stop** (whatever the cause), **ADL decrease  $\geq$  2 points** or **death** (whatever the cause)
- Assuming 2-sided 5% level of statistical significance, observing 151 failures will provide 80% power to detect a **FFS hazard ratio (HR) of 0.625 corresponding to a median FFS improvement of 1.5-month** from 2.5 months expected with methotrexate to 4 months expected with cetuximab.
- 151 failures were expected out of **164 patients** (82 per arm)
- One interim futility analysis planned when around 50% of failures were observed
- The trial enrolment was **stopped for futility** after this interim analysis done in **June 2018 based on 79 failures and 81 patients**

# ELAN-UNFIT: DISPOSITION OF RANDOMIZED PATIENTS



- Median FU: time from randomization to date of death or date of last follow-up if the patient was alive

# ELAN-UNFIT



## Characteristics, ITT Population

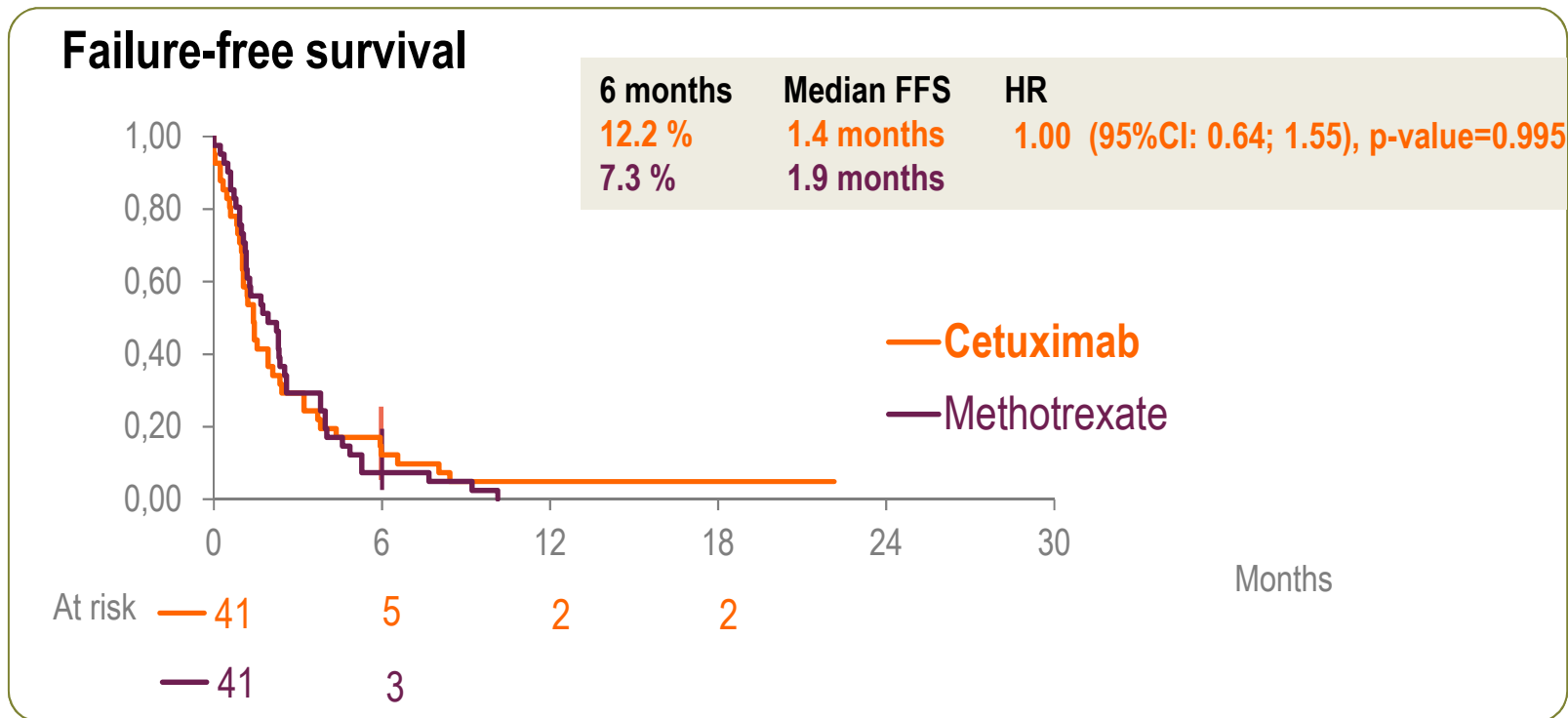
	Cetuximab n=41	Methotrexate n=41
<b>Male</b>	29 (70%)	31 (76%)
<b>Female</b>	12 (29%)	10 (24%)
<b>Age (years)</b>		
Mean (std)	78.8 (5.4)	79.3 (5.3)
Median [range]	78 [70-90]	79 [71-91]
>= 80 years	17 (41%)	20 (49%)
<b>PS ECOG</b>		
0	3 (7%)	1 (2%)
1	21 (51%)	22 (54%)
2	17 (41%)	18 (44%)
<b>Frailty</b>		
Median number of geriatric frailties by EGE (range)	2 [0-5]	3 [0-4]
Comprehensive geriatric assessment (CGA)	26 (63%)	22 (55%)

## Disease characteristics at initial diagnosis: by randomized treatment

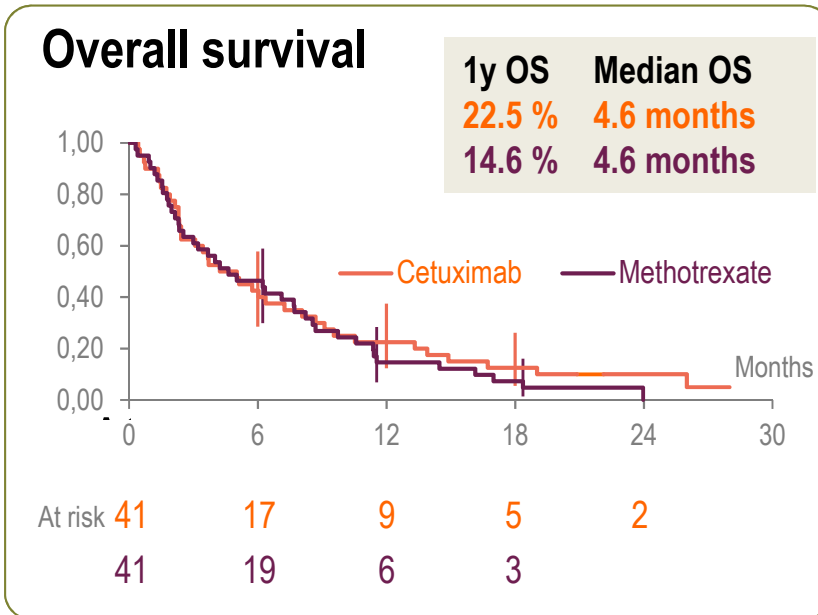
	Cetuximab n=41	Methotrexate n=41
<b>Initial location</b>		
Oropharynx	15 (37%)	15 (37%)
Oral cavity	13 (32%)	17 (41%)
Hypopharynx	6 (15%)	4 (10%)
Larynx	6 (15%)	4 (10%)
Other	1 (2%) (lip)	1 (2%) (nodes alone and M1)

	Cetuximab n=41	Methotrexate n=41
<b>Evolution type</b>		
Loco-regional recurrence alone	21 (51%)	24 (59%)
Metastasis alone	10 (24%)	10 (24%)
Both	9 (22%)	7 (17%)
Advanced primary larynx cancer without metastasis	1 (2%)	0

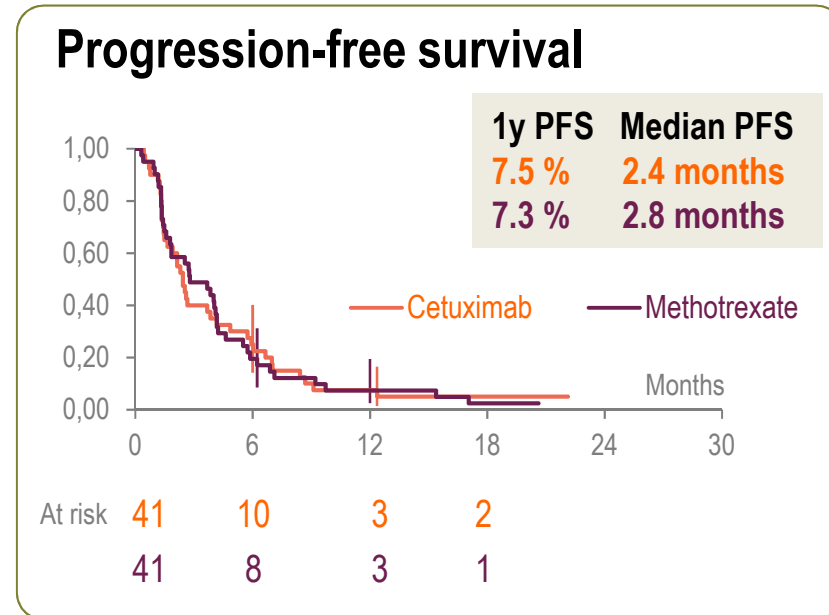
# ELAN-UNFIT: RESULTS



# ELAN-UNFIT: RESULTS



HR = 0.87 (95% CI: 0.55; 1.36) p-value=0.54



HR = 1.00 (95%CI: 0.64; 1.56), p-value=0.99

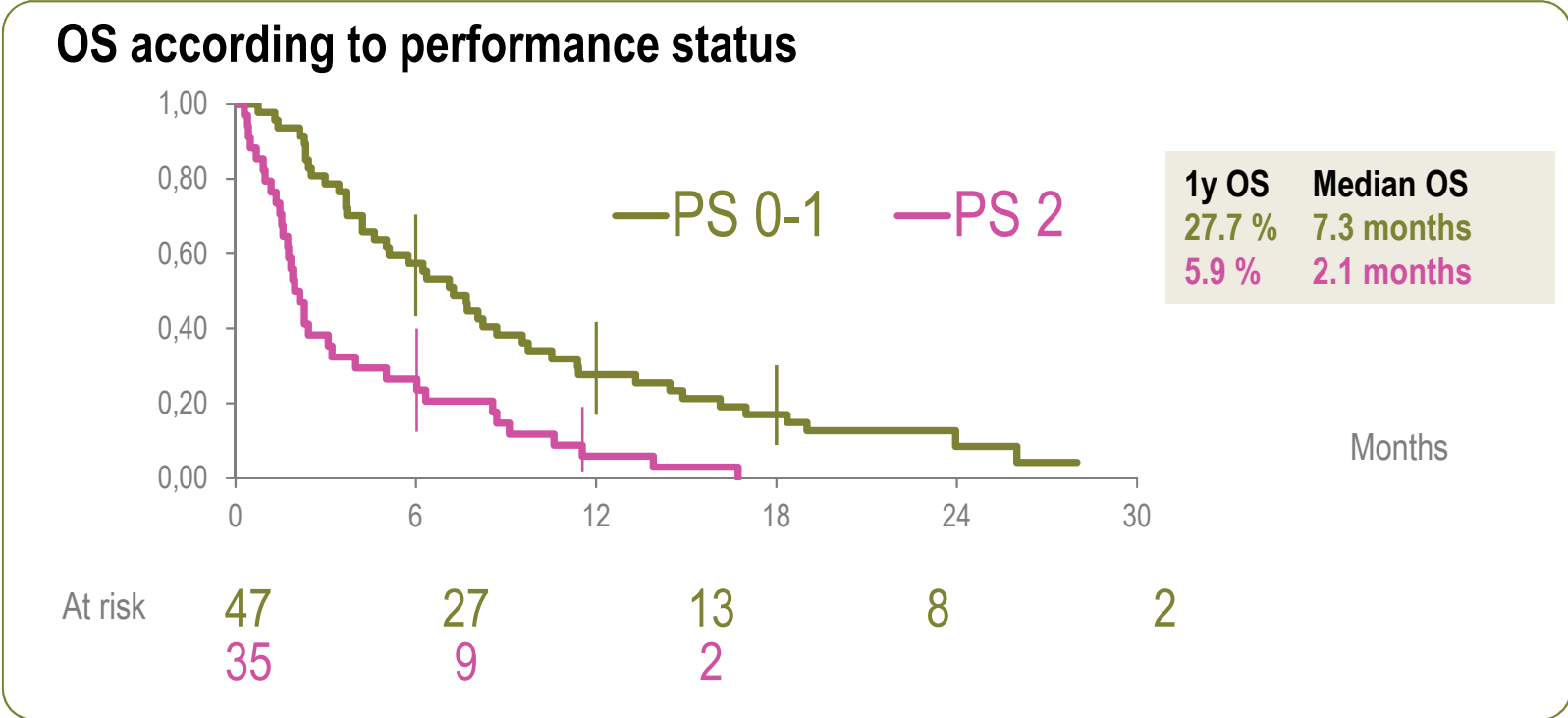
## ELAN-UNFIT



### Prognostic analysis of minimization factors on OS

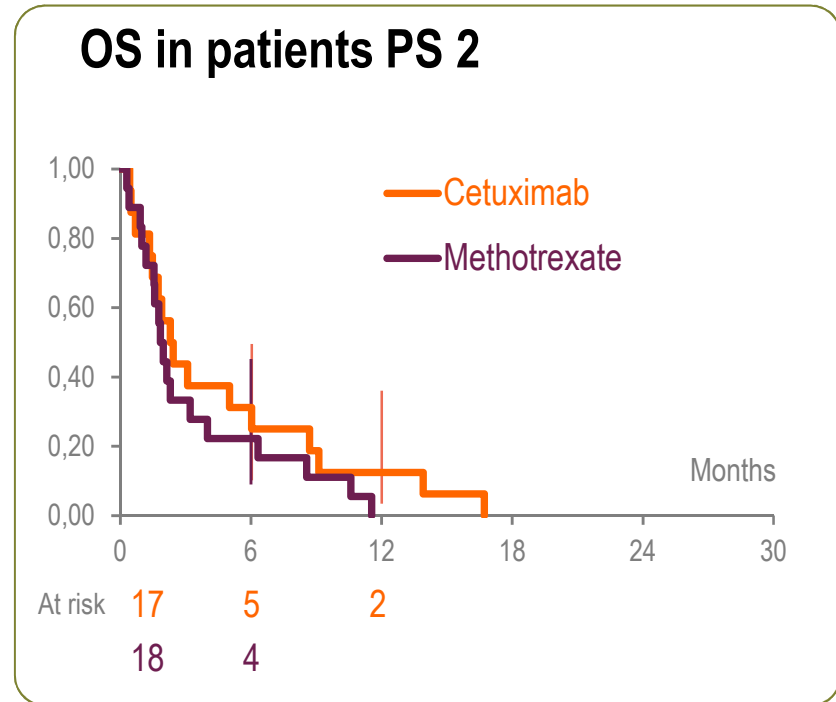
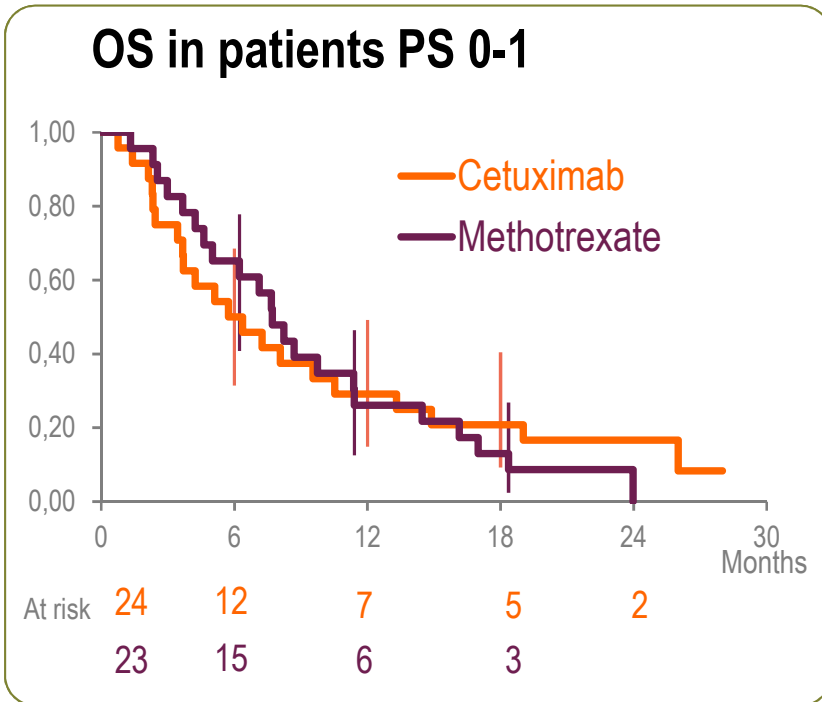
	Deaths/pts	Median OS (in months)	12-month OS rate	Log rank p value
Charlson score ≤ 2 (n=68)	64/68	5.0	19.4%	
Charlson score ≥ 3 (n=14)	13/14	3.8	14.3%	0.97
PS 0-1 (n=47)	43/47	7.3	27.7%	
PS 2 (n=35)	34/35	2.1	5.9%	<0.0001
Albuminemia: > 34 g/L (n=60)	55/60	5.7	23.7%	
Albuminemia: ≤ 34 g/L (n=22)	22/22	2.2	4.6%	0.0014
Locoregional progression alone (n=46)	42/46	7.1	15.6%	
Metastatic evolution (n=36)	35/36	2.8	8.3%	0.018
CGA not done (n=33)	29/33	4.8	21.9%	
CGA done (n=49)	48/49	4.2	16.3%	0.64

# ELAN-UNFIT: RESULTS



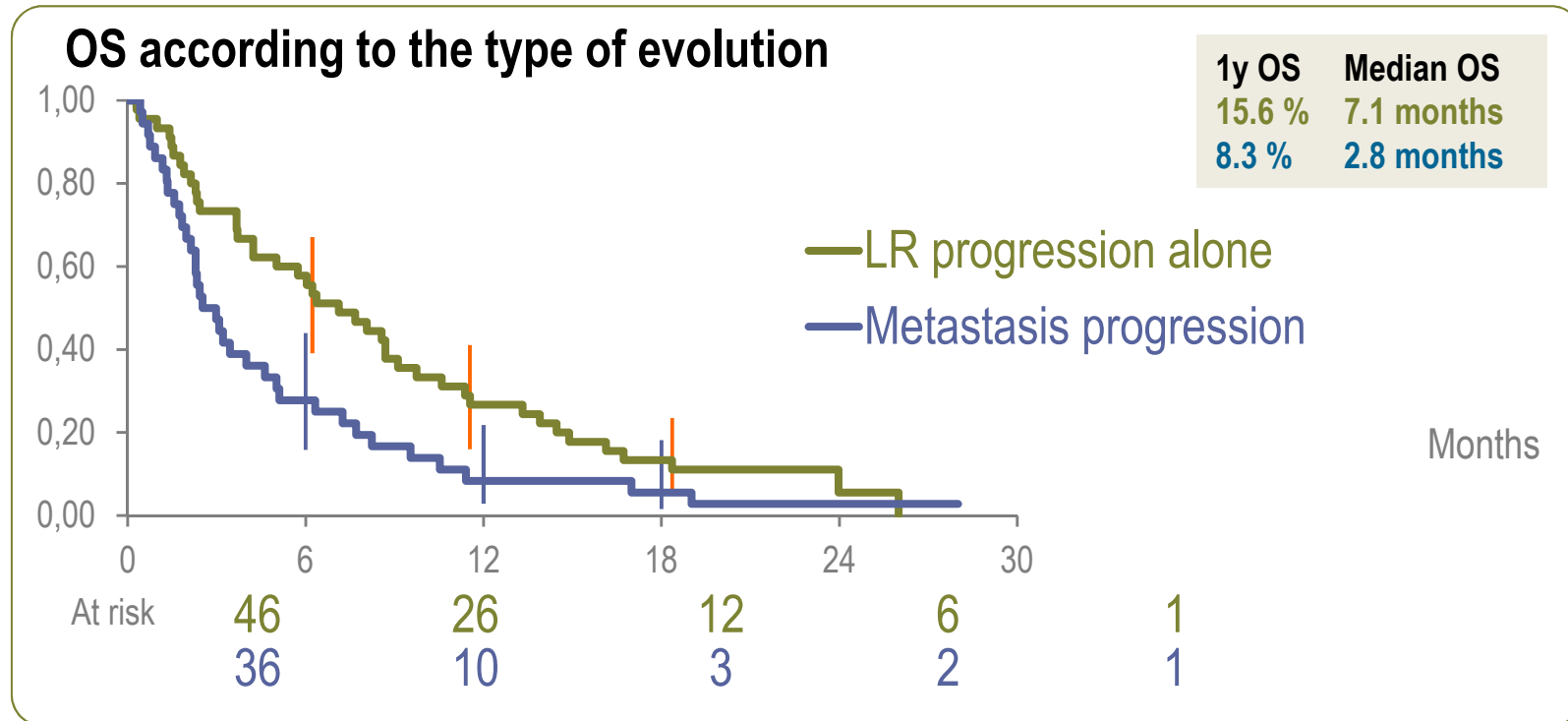


# ELAN-UNFIT: RESULTS



PS 0-1 (n=47) OS HR = 0.93 (0.51;1.72) - PS 2 (n=35) OS HR = 0.71 (0.35;1.44)  
 Interaction p value = 0.60

# ELAN-UNFIT: RESULTS



# ELAN-UNFIT: RESULTS



Objective Response Rate (ORR)

	Cetuximab arm	Methotrexate arm	p	PS 0-1	PS 2
Objective response rate	12.2% (95%CI=4.1%-26.2%)	14.6% (95%CI=5.6%-29.2%)	0.75	13%	14%

# ELAN-UNFIT: RESULTS



## Summary of adverse events

	Cetuximab N=41		Methotrexate N=41	
	N	%	N	%
At least one AE, whatever the grade	41	100%	41	100%
At least one AE of grade $\geq 2$	38	93%	39	95%
At least one AE of grade $\geq 3$	26	63%	30	73%
At least one AE of grade $\geq 4$	11	27%	9	22%
AE of grade 5	5	12%	2	5%

	Pts PS ECOG 0-1 (n=47) (2 arms together)	Pts PS ECOG 2 (n=35) (2 arms together)
At least one AE of grade $\geq 4$	13%	40%

- The rate of patients with at least one AE of grade  $\geq 3$  was not significantly different between the 2 arms (p=0.34)

# ELAN-UNFIT: MOST FREQUENT AES GRADE $\geq 3$



	Cetuximab N=41	Methotrexate N=41
AE term		
Leukopenia		
Neutropenia		
Thrombopenia		
Myelosuppression		
Anemia		
Fatigue		
Rash acneiform		
Magnesium disorder		
Natremia disorder		
Potassium disorder		
Infection		
Diarrhea		

**UPDATE IN PROGRESS**

# ELAN FIT & UNFIT TRIALS: MAIN RESULTS



	ELAN FIT trial	ELAN UNFIT trial N=82			
	Carbo-5FU-cetux (n=78)	CX arm (n=41)	MTX arm (n=41)	Pts PS ECOG 0-1 (n=47) (2 arms together)	Pts PS ECOG 2 (n=35) (2 arms together)
<b>Adverse events ≥ grade 4</b>	24%	27%	22%	13%	40%
<b>Objective response rate</b>	At W12 : 40% (central review)	12%	15%	13%	14%
<b>OS median (months)</b>	<b>14.7</b> (95%CI=11.0-18.1)	<b>4.6</b> (95%CI=2.4-7.3)	<b>4.6</b> (95%CI=2.3-7.7)	<b>7.3</b> (95%CI=4.6-9.6)	<b>2.1</b> (95%CI=1.5-3.2)
<b>1-year OS rate</b>	<b>57.9%</b> (95%CI=46.6%-68.4%)	<b>22.5%</b> (95%CI=12.3%-37.5%)	<b>14.6%</b> (95%CI=6.9%-28.4%)	<b>27.7%</b> (95%CI=16.9%-41.8%)	<b>5.9%</b> (95%CI=1.6%-19.1%)
<b>PFS median (months)</b>	<b>7.2</b> (95%CI=5.9-8.4)	<b>2.4</b> (95%CI=1.5-3.8)	<b>2.8</b> (95%CI=1.6-4.2)	<b>3.8</b> (95%CI=2.6-5.5)	<b>1.5</b> (95%CI=1.2-2.3)
<b>1-year PFS rate</b>	<b>24.9%</b> (95%CI=16.5%-35.8%)	<b>7.5%</b> (95%CI=2.6%-19.9%)	<b>7.3%</b> (95%CI=2.5%-19.4%)	<b>12.8%</b> (95%CI=6.0%-25.2%)	<b>0%</b>

# CONCLUSION

---



- Elderly patients aged 70 years and older, with R/M HNSCC, classified **fit** by adapted geriatric evaluation, were able to receive carboplatin-based EXTREME regimen that provided benefit similar to that observed in younger patients.
- Elderly patients with R/M HNSCC, classified **unfit** by geriatric assessment, showed less benefit from systemic treatment with either cetuximab or methotrexate. Those with poorer ECOG performance status (PS 2) derived no benefit from systemic therapy.
- New therapeutic options such as immunotherapy with checkpoint inhibitors should be explored for ECOG 0-1 unfit elderly patients

# ACKNOWLEDGMENTS

---

## PATIENTS AND THEIR FAMILIES

- Investigators and teams
- ELAN team: : A Auperin, H Le Caer, C Mertens, C Ortholan, D Schwob
- Sponsors:

> **GORTEC: Pr J. Bourhis**

> **Gustave Roussy**

- **GERICO: E. Brain**
- **INCa and la Ligue contre le Cancer**
- **GEFLUC- GEMLUC**
- **Merck KGaA, Sandoz**

