Consider the APACT study for patients with resectable nonmetastatic adenocarcinoma of the pancreas.

Key points about the APACT study

• The APACT study may provide insight into using this combination as adjuvant therapy for early stage, resectable pancreatic cancer

Recruitment and contact information

The APACT study is a global study. To find investigator sites or access additional information on the study, please

• Visit: www.theapactstudy.com
• Visit: www.clinicaltrials.gov (NCT01964430)
• Call: _________________________________

References

9. Abraxane® (paclitaxel) prescribing information; Celgene Corporation, 10/2013.
What is the APACT study?

The APACT study is a phase 3, international, multicenter, open-label, randomized study investigating nab-paclitaxel in combination with gemcitabine vs gemcitabine alone as adjuvant therapy for patients with resectable nonmetastatic adenocarcinoma of the pancreas.

The goal of the APACT study is to assess whether nab-paclitaxel in combination with gemcitabine can delay or prevent recurrence of pancreatic cancer after surgery compared with gemcitabine alone.

In this study, approximately 800 patients with resectable pancreatic cancer are expected to participate in approximately 160 sites in North America, Europe, and Asia Pacific.

Rationale for APACT

Unmet need in patients with resectable pancreatic adenocarcinoma

The only curative option for early stage pancreatic cancer is complete resection of the tumor; however, surgery alone has achieved only modest improvements in survival to date. Some studies have shown that adjuvant chemotherapy may improve survival compared with surgery alone, but additional research is essential to identify more effective therapies.\(^1\)\(^-\)\(^5\)

- In a phase 3 study of adjuvant therapy with gemcitabine vs observation after surgery, patients on adjuvant chemotherapy had a statistically significant (\(P=.01\)) doubling of the survival rate at 5 years: 20.7% vs 10.4% for gemcitabine vs observation. And these results held up even at 10 years: 12.2% vs 7.7% respectively.\(^4\)
- A meta-analysis of 875 patients in 5 randomized, controlled trials showed a 25% reduction in risk of death and also confirmed a nearly doubling of the 5-year survival rate with the use of adjuvant therapy.\(^5\)

The National Comprehensive Cancer Network (NCCN)’s first adjuvant treatment recommendation is a clinical trial, followed by chemotherapy such as gemcitabine, fluorouracil/leucovorin, or capecitabine before or after chemoradiation.\(^6\) The ESMO Guidelines recommend 6 months of gemcitabine or fluorouracil.\(^7\) There is no United States- or European-approved adjuvant therapy for pancreatic adenocarcinoma.

The APACT study is the first phase 3 trial to look at the safety and efficacy of combining nab-paclitaxel with gemcitabine as adjuvant therapy following complete resection of pancreatic adenocarcinoma.

Nab-Paclitaxel in combination with gemcitabine has not been approved for use as adjuvant therapy in patients with resectable pancreatic adenocarcinoma in any country/region.

Important information for patients

- Patients in both study arms receive active, not placebo, treatment
- The APACT study may provide insight into what is the best adjuvant therapy for resectable nonmetastatic pancreatic cancer
- The drugs used in this study have not been approved for adjuvant therapy for pancreatic cancer
- Patients need to understand all of the benefit and risk information described in the Informed Consent
- Patients must be able to start treatment no later than 12 weeks postsurgery
The APACT Study Design

Objectives of APACT

• Primary endpoint: disease-free survival

• Secondary endpoints
  — Overall survival (OS)
  — Safety and tolerability of the treatment regimens

• Exploratory endpoints
  — Tumor marker assessment and molecular profiling
  — Patient quality of life (QoL)

Eligibility criteria

Key inclusion criteria

• Greater than 18 years of age at the time of signing the informed consent form

• Pathologically confirmed pancreatic adenocarcinoma with macroscopic complete resection (R0 and R1)

• Stage T 1-3, N0-1, M0

• CA 19-9 <100 U/mL

• Eastern Cooperative Oncology Group (ECOG) Performance Status 0-1

• Able to start treatment not later than 12 weeks postsurgery

• Acceptable hematology and blood chemistry levels

Key exclusion criteria

• Prior neoadjuvant treatment, radiation therapy, or systemic therapy for pancreatic adenocarcinoma

• Presence or history of metastatic or locally recurrent pancreatic adenocarcinoma

• Other malignancy within 5 years prior to randomization

• Neuroendocrine or mixed type tumors

• Active uncontrolled bacterial, viral, or fungal infection requiring systemic therapy

• Serious medical risk factors or psychiatric disorders that could compromise patient safety

• Prior hypersensitivity to study treatment components

For more patient eligibility information, please call 919-824-7973, visit www.theapactstudy.com, or see clinicaltrials.gov and search for NCT01964430.
Discussing APACT with patients

• Help patients understand and appreciate the importance of adjuvant therapy with a timely discussion
  — Before surgery: Discuss the potential benefits and risks of adjuvant chemotherapy postresection
  — Explain that soon after surgery, the patient should have a follow-up appointment with his/her medical oncologist to discuss adjuvant therapy
  — After surgery: Remind the patient to make and keep a follow-up medical oncology appointment
  — If the patient is still a possible candidate for the trial, comprehensively review the potential benefits and risks of participating in a clinical trial

• Consider key barriers or needs that could interfere with a patient participating in a clinical trial, such as
  — How well does the patient understand the role of adjuvant treatment following surgery?
  — Are there logistical challenges (eg, transportation, scheduling, work obligations, etc) that could deter trial participation?
  — Does the patient have the appropriate resources available to feel supported and able to take part in the trial?

Additional information about APACT

Duration of therapy

• Patients should start study treatment as soon as adequately recovered from surgery (ECOG PS 0-1) but no later than 12 weeks postsurgery
• Patients will receive treatment for up to 6 cycles until disease recurrence, intolerable toxicity, or treatment discontinuation for any reason
• Treatment cycles are 28 days in duration; dosing on days 1, 8, and 15

Efficacy assessments

• CT (or MRI) scans, along with measurement of CA 19-9 blood levels, will be performed
  — During screening
  — Every 8 weeks for 24 weeks
  — Every 12 weeks for the first 3 years
  — Every 24 weeks until disease recurrence up to 5 years after treatment
• QoL questionnaire will be collected
  — During screening and at various points during the study

Safety assessments

• Safety and tolerability will be monitored through continuous reporting of adverse events, physical examination, and laboratory tests, from the signing of the informed consent until 28 days after the last treatment dose

Exploratory endpoints and biomarker analysis

The APACT study includes biomarker analysis.

• A blood sample is collected for pharmacogenomic testing at screening and at disease recurrence
• Tumor and normal tissue samples will be collected during surgery

Tips for addressing common patient concerns about trial participation

Patients may only retain a fraction of the information that they are presented with. The tips below may help your patients understand key pieces of information.

• Give the patient a copy of the APACT study patient brochure to
  — Reinforce why the trial is being conducted and
  — Review the potential risks and benefits of participation
• Discuss the potential side effects of the agents being assessed in the trial and acknowledge that other side effects may emerge
• Emphasize the confidentiality of their personal information

Important information for patients

• Patients will be closely monitored by their study team
• Patients can leave the study at any time, for any or no reason
• The study medicine may be provided at no cost to the patient. Fees for routine medical care, other medicines, or tests and procedures related to the study may be covered by insurance
• Patients are not paid for their participation. Depending on local laws, reimbursement for reasonable travel expenses may be provided
• A tumor sample and normal tissue sample will be collected for the study

Timely discussions with your patients to make them aware of the opportunity to participate in the APACT study are critical.