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The AXINET trial (GETNE1107): Axitinib plus octreotide LAR improves PFS by blinded central radiological assessment vs placebo plus octreotide LAR in G1-2 extrapancreatic NETs

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Background

Angiogenesis plays an important role in NET development and progression. Axitinib is a potent and selective VEGFR-1,2,3 inhibitor with proven activity against other vascular-dependent solid tumors. The aim of this double-blind phase II/III randomized study was to assess the efficacy of axitinib in patients (pts) with advanced G1-2 extra-pancreatic NETs.

Methods

Pts were randomized 1:1 to receive octreotide LAR (30 mg IM q4w) with axitinib (5 mg BID) or placebo BID until disease progression or unacceptable toxicity. Randomization was stratified by time from diagnosis to study entry (> or ≤ 12m), primary tumor site (GI tract vs non-GI) and Ki-67 index (≤ 5% vs > 5%). Prior therapy with SSA, IFN and up to 2 lines of systemic treatment was allowed, but not prior VEGF- or VEGFR-targeted drugs. Clinical and/or radiological disease progression within 12 months prior to study entry was required. The primary endpoint was progression-free survival (PFS). PFS results per investigator assessment were presented at ASCO GI 2021. Blinded independent central assessment of PFS is now presented.

Results

256 pts were enrolled, 126 randomized to axitinib and 130 to placebo (G1-2: 29%-71%). Most common primary tumor sites were SI (47%), lung (28%), rectum (6%), UK (8%), gastric (3%) and colon (2%). Prior therapies included SSA (48%), everolimus (13%), chemotherapy (13%), LR tx (7%) and PRRT (3%). ORR per independent radiological assessment was significantly greater in axitinib- vs placebo-treated patients (13.2% vs 3.2%, p=0.0045). PFS per blinded independent central review also significantly favored axitinib-treated patients (median PFS of 16.6 vs 9.9 months in the axitinib vs placebo arms, respectively, HR 0.687, p=0.01). Toxicity was manageable, as previously reported (ASCO GI 2021).

Conclusions

Axitinib demonstrated a significant improvement in PFS in combination with octreotide LAR in pts with advanced progressive G1-2 extra-pancreatic NETs as per independent radiological assessment blinded to treatment allocation, with a tolerable safety profile.

Clinical trial identification

NCT01744249.

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