2021 ESMO congress

## LBA56

# Perioperative or only adjuvant nab-paclitaxel plus gemcitabine for resectable pancreatic cancer: Results of the NEONAX trial, a randomized phase II AIO study

T. Seufferlein[1], W. Uhl[2], H. Algül[3], H. Friess[4], M. Kornmann[5], A.O. König[6], M. Ghadimi[7], T.M. Gress[8], M.P. Lutz[9], K. Wille[10], C. Schimanski[11], V. Kunzmann[12], A. Berger[1], J. Schuhbaur[1], L. Perkhofer[1], L. Blome[13], A. Tannapfel[14], M.A. Tempero[15], A. Reinacher-Schick[16], T.J. Ettrich[1]

[1] Department of Internal Medicine I, University of Ulm, Ulm, Germany, [2] St. Josef Hospital - Department of Surgery, Ruhr-University Bochum, Bochum, Germany, [3] Internal Medicine II, Technical University Munich, Munich, Germany, [4] Surgical Clinic and Policlinic, Technical University Munich, Munich, Germany, [5] Department of Surgery, University of Ulm, Ulm, Germany, [6] Gastroenterology, gastrointestinal Oncology and Endocrinology, University Medical Center Goettingen, Göttingen, Germany, [7] General, Visceral, and Pediatric Surgery, University Medical Center Goettingen, Göttingen, Germany, [8] Department of Gastroenterology and Endocrinology, Uniklinikum Giessen und Marburg, Marburg, Germany, [9] Internal Medicine, Caritasklinikum St. Theresia, Saarbruecken, Germany, [10] Johannes Weseling Klinikum, Ruhr-University-Bochum, Minden, Germany, [11] Internal Medicine II, Klinikum Darmstadt, Darmstadt, Germany, [12] Department of Medical Oncology, University Clinic Würzburg-Medizinische Klinik und Poliklinik II Zentrum fuer Innere Medizin (ZIM), Wuerzburg, Bavaria, Germany, [13] Biometrics, ClinAssess Gesellschaft für klinische Forschung mbH, Leverkusen, Germany, [14] Institut für Pathologie, Georgius Agricola Stiftung Ruhr - Institut für Pathologie - Ruhr-Universität Bochum, Bochum, Germany, [15] UCSF Department of Medicine, UCSF Helen Diller Family Comprehensive Cancer Center, San Francisco, US, USA[16] St. Josef Hospital - Department of Hematology, Oncology and Palliative Care, Ruhr-University Bochum, Bochum, Germany

### Background

Data on perioperative chemotherapy (CTX) in resectable pancreatic cancer (rPDAC) are limited. The NEONAX trial examined perioperative or adjuvant CTX with gemcitabine plus nab-paclitaxel in rPDAC (NCCN criteria).

### Methods

This is a prospective, randomized phase II study against a fixed survival probability. 127 patients with rPDAC were randomized 1:1 to perioperative (2 pre- and 4 postoperative cycles, arm A, A) or adjuvant (6 cycles, arm B, B) gemcitabine/nab-paclitaxel by 22 German centers from 7/2015 to 10/2019. Primary objective was an improvement of disease free survival (DFS-R) 18mo after randomization from historical 38% to 55% in the mITT population comprising patients who fulfilled the inclusion criteria (ITT, n=59 both arms), were R0/R1 resected and started neoadjuvant (A) or adjuvant CTX (B).

### Results

ORR in A was 28.9%, PD rate (RECIST 1.1) during neoadjuvant CTX was 6.7%. Resection rate (RR) was 69.5% in A and 78.0% in B, R0-RR was 87.8% in A and 67.4% in B. In the ITT population (ITT-P) DFS-R at 18mo was 28.7% in A and 19.3% in B, mDFS was 11.4mo in A and 5.9mo in B. Not all patients qualified for the mITT analysis: In A, 66.1% of the ITT-P started neoadjuvant CTX and were R0/R1 resected (mITT). In B only 42.4% of the ITT-P underwent R0/R1 resection and started adjuvant CTX (mITT, see the table). DFS-R at 18mo in mITT (primary endpoint), was 32.2% in A and 41.4% in B not reaching 55% in both arms, the mDFS was 14.1mo and 17.0mo in A and B, respectively.Table: LBA56

| | ITT | | mITT | |
|---|---|---|---|---|
| | A (n=59) Periop. | B (n=59) Adj. | A (n=39) Periop. | B (n=25) Adj. |
| DFS-R 18mo (%) | 28.7 | 19.3 | 32.2 | 41.4 |
| mDFS (mo) | 11.4 | 5.9 | 14.1 | 17.0 |
| Resection rate (%) | 69.5 | 78.0 | 100 | 100 |
| R0 (%) | 87.8 | 67.4 | 92.3 | 76.0 |
| Not resected (%) | 30.5 | 22.0 | 0 | 0 |
| PD | 6.7 | 1.7 | | |
| Intraop. Irresect. | 5.1 | 16.9 | | |
| Withdrawal of IC (W-IC) | 10.1 | 3.4 | | |
| Toxicity | 8.5 | - | | |
| Any neoadj. CTX (%) | 91.5 | - | 100 | - |
| R0/R1 resected, any adj. CTX (%) | 50.8 | 42.4 | 76.9 | 100 |
| R0/R1 resected, no adj. CTX (%) | 15.3 | 32.2 | 23.1 | 0 |

| | ITT | | | mITT | | |
|---|---|---|---|---|---|---|
| | A (n=59) | Periop. B (n=59) | Adj. | A (n=39) | Periop. B (n=25) | Adj. |
| Early relapse | 6.7 | 16.9 | | | | |
| Delayed recovery | 3.4 | 3.4 | | | | |
| Death | 1.7 | 5.1 | | | | |
| W-IC | 0 | 3.4 | | | | |
| Toxicity | 3.4 | 0 | | | | |
| Lost to follow-up | 0 | 3.4 | | | | |

### Conclusions

Perioperative CTX did not reach a DFS-R at 18mo of 55% in the mITT population. Neoadjuvant CTX showed high R0-RR and long DFS in the ITT-P and could be applied to more patients than adjuvant CTX. Neoadjuvant CTX is proposed to be a new standard for trials also in rPDAC.

### Clinical trial identification

AIO-PAK-0313 (NEONAX) EudraCT 2013-005559-34; NCT02047513.

### Legal entity responsible for the study

AIO-Studien-gGmbH, Berlin, Germany.


### Funding

Bristol Myers Squibb GmbH & Co. KGaA.


### Disclosure

T. Seufferlein: Financial Interests, Personal, Advisory Board: Amgen; Financial Interests, Personal, Advisory Board: AstraZeneca; Financial Interests, Personal, Advisory Board: BMS; Financial Interests, Personal, Advisory Board: Celgene; Financial Interests, Personal, Advisory Board: MSD; Financial Interests, Personal, Advisory Board: Roche; Financial Interests, Personal, Advisory Board: Servier; Financial Interests, Personal, Advisory Board: Lilly; Financial Interests, Personal, Advisory Board: Merck Serono; Financial Interests, Personal, Advisory Board: Sanofi-Aventis; Financial Interests, Personal, Advisory Board: Celgene; Financial Interests, Personal, Advisory Board: Bayer; Financial Interests, Personal, Invited Speaker: Amgen; Financial Interests, Personal, Invited Speaker: AstraZeneca; Financial Interests, Personal, Invited Speaker: BMS; Financial Interests, Personal, Invited Speaker: Celgene; Financial Interests, Personal, Invited Speaker: MSD; Financial Interests, Personal, Invited Speaker: Roche; Financial Interests, Personal, Invited Speaker: Servier; Financial Interests, Personal, Invited Speaker: Merck Serono; Financial Interests, Personal, Invited Speaker: Sanofi-Aventis; Financial Interests, Personal, Research Grant: Celgene; Financial Interests, Personal, Research Grant: Sanofi-Aventis. H. Algül: Financial Interests, Personal, Advisory Board: AstraZeneca; Financial Interests, Personal, Advisory Board: Roche; Financial Interests, Institutional, Research Grant: Chugai; Financial Interests, Personal, Invited Speaker: MSD. V. Kunzmann: Financial Interests, Personal, Advisory Board: AstraZeneca; Financial Interests, Personal, Advisory Board: MSD; Financial Interests, Personal, Advisory Board: BMS; Financial Interests, Personal, Invited Speaker: BMS; Financial Interests, Personal, Invited Speaker: MSD; Financial Interests, Institutional, Research Grant: BMS. A. Tannapfel: Financial Interests, Personal, Advisory Board: Falk Foundation; Financial Interests, Personal, Advisory Board: Merck; Financial Interests, Personal, Advisory Board: Amgen; Financial Interests, Personal, Advisory Board: Pfizer; Financial Interests, Personal, Advisory Board: Roche; Financial Interests, Personal, Advisory Board: BMS. A. Reinacher-Schick: Financial Interests, Personal, Advisory Board: Amgen; Financial Interests, Personal, Advisory Board: AstraZeneca; Financial Interests, Personal, Advisory Board: BMS; Financial Interests, Personal, Advisory Board: Merck Serono; Financial Interests, Personal, Advisory Board: Celgene; Financial Interests, Personal, Advisory Board: MSD; Financial Interests, Personal, Advisory Board: Pierre Fabre; Financial Interests, Personal, Advisory Board: Pfizer; Financial Interests, Personal, Advisory Board: Roche; Financial Interests, Personal, Advisory Board: Servier; Financial Interests, Personal, Invited Speaker: Amgen; Financial Interests, Personal, Invited Speaker: AstraZeneca; Financial Interests, Personal, Invited Speaker: BMS; Financial Interests, Personal, Invited Speaker: Celgene; Financial Interests, Personal, Invited Speaker: Lilly; Financial Interests, Personal, Invited Speaker: Merck Serono; Financial Interests, Personal, Invited Speaker: MSD; Financial Interests, Personal, Invited Speaker: Pfizer; Financial Interests, Personal, Invited Speaker: Roche; Financial Interests, Personal, Invited Speaker: Sanofi-Aventis; Financial Interests, Personal, Invited Speaker: Servier; Financial Interests, Institutional, Research Grant: Roche; Financial Interests, Institutional, Research Grant: Ipsen; Financial Interests, Institutional, Research Grant: Amgen; Financial Interests, Institutional, Research Grant: AstraZeneca; Financial Interests, Institutional, Research Grant: Ipsen; Financial Interests, Institutional, Research Grant: Lilly; Financial Interests, Institutional, Research Grant: Servier; Financial Interests, Institutional, Research Grant: RafaelPharmaceutics. T.J. Ettrich: Financial Interests, Personal, Advisory Board: AstraZeneca; Financial Interests, Personal, Advisory Board: Roche; Financial Interests, Personal, Advisory Board: Bayer; Financial Interests, Personal, Advisory Board: Amgen; Financial Interests, Personal, Advisory Board: MSD; Financial Interests, Personal, Invited Speaker: MSD; Financial Interests, Personal, Advisory Board: Merck; Financial Interests, Personal, Advisory Board: Ipsen; Financial Interests, Personal, Invited Speaker: Ipsen; Financial Interests, Personal, Advisory Board: Sanofi Aventis; Financial Interests, Personal, Invited Speaker: Eisai; Financial Interests, Personal, Advisory Board: Pierre-Fabre Pharma; Financial

Interests, Personal, Advisory Board: Incyte; Financial Interests, Personal, Advisory Board: Lilly; Financial Interests, Personal, Advisory Board: Bristol Myers Squibb; Financial Interests, Institutional, Research Grant: Servier; Financial Interests, Institutional, Research Grant: Sanofi Aventis; Financial Interests, Institutional, Research Grant: Celgene. All other authors have declared no conflicts of interest.