PANCREATIC CANCER ACTION NETWORK

# Accelerating Pancreatic Cancer Clinical Development

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## **Precision Promise**

A new model for rapidly accelerating therapeutic development in pancreatic cancer partnering with the FDA



## The World's Toughest Cancer





## Pancreatic cancer on the rise. The need is urgent!



## Challenges



## Not enough researchers or resources











































# Patients are diagnosed too late

81% of patients are diagnosed once their disease has spread

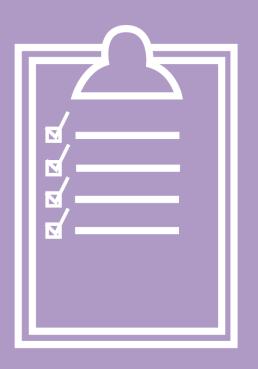




## Clinical trial enrollment rate too low

# Only 4.2% of pancreatic cancer patients enroll in clinical trials





Traditional trials aren't rapidly producing new treatment options, making this a risky drug development space



There is insufficient knowledge of the disease and how best to treat it



## Not enough people know about the disease and PanCAN



## Research and Clinical Initiatives

We pioneer and push science forward through our grants program, our own clinical studies and cultivation of the research community.



## Government Advocacy

We demand federal funding for research and advocate for legislative support on Capitol Hill.



## Patient Services

We connect patients
with the latest
treatment options and
provide free, in-depth
disease information.



## **Community Engagement**

We lead and mobilize communities across the globe to raise awareness and funds to fight the disease.

# Cumulative Research Investment \$105 million



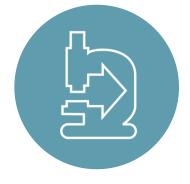
Peer-Reviewed Grants



Know Your Tumor



Precision Promise®



Early Detection Initiative



Patient Registry

# We Help Patients Get on the "Right Track"



Right Team



Right Tests



Right
Treatment



Share At Every Step

## **Patient Services Annual Numbers**

13,450
new patient contacts

14,250 clinical trial searches

41,000 interactions

58,000 booklets distributed

64% increase in new patient contacts over last year

# Be BOLLD

## Six Challenges

- 1. Not enough researchers or resources
- 2. Patients are diagnosed too late
- 3. Clinical enrollment rate too low
- 4. Traditional trials aren't rapidly producing new treatment options, making this a risky drug development space
- 5. There is insufficient knowledge of the disease and how to treat it
- 6. Not enough people know about the disease and PanCAN



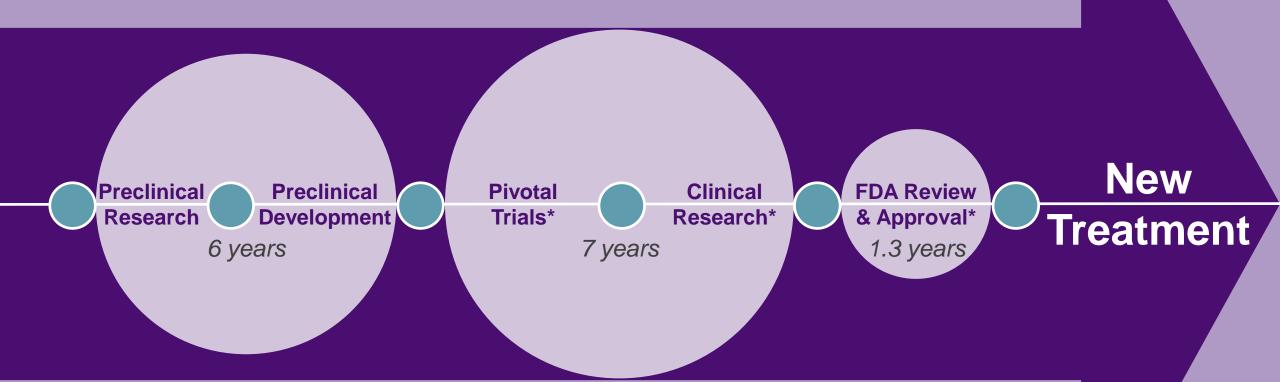
## Lack of preliminary evidence has led to high failure rates in late-stage development

- Analysis looking at pancreatic cancer trials from 1995-2015 published in JAMA Onc in 2016:
  - showed that historic failures were largely due to insufficient evidence going into Phase III
  - Out of 24 phase II/phase III pairs (1995-2015), 10 trials continued despite not meeting the primary end point for the phase II trial
  - Only a 10% success rate in Phase III over this period of time
  - \*11,571 patients could have been re-allocated



## **Drug Development Takes Time and Money**

We must influence smart, efficient and cost effective trials



Average development time: 14-15 years Average cost: approximately \$2.5 billion

DiMasi, Joseph A., Grabowski, Henry G., and Hansen, Ronald W. Innovation in the Pharmaceutical Industry: New Estimates of R&D Costs. Journal of Health Economics 2016;47:20-33.

### **Patients Tell Us**

- 1) Patients and their families want more patient-centric approaches
- 2) Patients want options
- 3) Patients are frustrated by clinical trial barriers such as slow drug to market progression and the recruitment process
- 4) Most patients want to do anything they can to survive
- 5) Many patients are willing to undergo tests to help themselves and to help others in the future
- 6) Patients are excited about an innovative trial design such as crossing over into other arms and novel treatment options



## Large-Scale Research Initiatives



Know Your Tumor®



Precision Promise<sup>SM</sup>



Early Detection Initiative



## Know Your Tumor®

A pioneering precision medicine service that may lead to better treatment options.



96% successful biopsies



32% from community physicians



1933 patients enrolled



1134 reports completed



49
states with
patients enrolled

## **Know Your Tumor®**

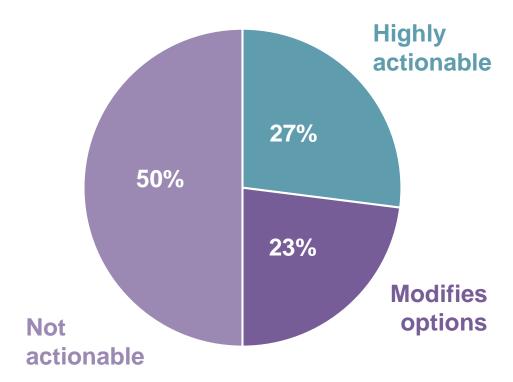
June 2014 - June 2019

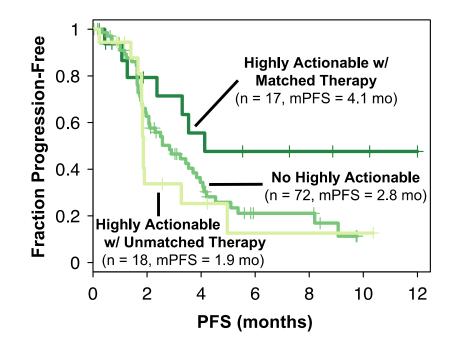
## Molecular profiling of pancreatic cancer patients: Initial results from Know Your Tumor

### **Tumor DNA Sequencing**

June 2014 – June 2017, 640 reports

Patients with highly actionable alterations who received matched therapy had improved survival over those that did not receive matched therapy, p=0.03







# Precision Promise: an innovative model for accelerating new treatment options



# Precision Promise<sup>SM</sup> is an adaptive randomized phase II/III registration ready clinical trial platform

- PanCAN holds the IND
- Master Protocol with two control arms and multiple investigational arms
- Initially for 1<sup>st</sup> and 2<sup>nd</sup> line metastatic pancreatic cancer patients
- Rerandomization option for 1<sup>st</sup> line patients
- Primary endpoint is overall survival
- 175 patients for drug approval

## Molecular testing and biomarker exploration across all patients

- Tissue and blood collected on all patients at baseline, ontreatment, and post-treatment
- Uniform molecular testing at baseline and 8 weeks posttreatment including DNA and transcriptome assays
- Opportunity for arm-specific biomarker mining to define mechanism



## **Investigating Supportive Care Best Practices**

### 1. Patient Reported Outcome (PRO) questionnaires

### 2. Actigraphy sub-study

Changes in activity may be an early marker for disease progression

### 3. Body composition analysis

 Opportunity to correlate muscle and fat loss with tumor inflammation features and response to treatment

### 4. Enzyme replacement therapy

Analysis of correlations between the use of enzymes, improved quality
of life and overall survival

## **Precision Promise Value Proposition to Industry**

- 1. Steadfast FDA Support FDA leadership and designated FDA liaison extremely supportive since onset of planning
- 2. Established Infrastructure 14 clinical trial sites, 100 pancreatic cancer experts across all governing Committees, operational vendors and partners in place
- 3. Lower Cost Estimated 30-50% savings over traditional Phase II/III oncology registration trials
- 4. Accelerated Time to Market Reduced trial start-up time and seamless transition from Phase II to Phase III
- 5. Fewer Patients Adaptive design requires only 175 patients for Phase II/III registration



## A Collaboration of Leading Pancreatic Cancer Experts

Changing Medicine. Changing History. Changing Lives.



IND holder:



CRO:



Statistical design:



Genomics sequencing and analysis:





































## PanCAN Research Publications

#### **Clinical Trials Analysis**

- Trial benchmarks of success JAMA Oncology 2016
- Trial landscape updates ASCO Educational Book 2016
- Trial landscape J Clinical Oncology 2013

#### **Know Your Tumor® Molecular Profiling**

- Outcomes of first 640 patients Clinical Cancer Research 2018
- Case study with IDH1 mutation Cancer Biology & Therapy 2016
- Liquid biopsy pilot study Oncotarget 2016
- Metastatic vs. primary tumors British J. Cancer 2019, in press
- DNA damage response pathways JCO Precision Oncology 2019, submitted

#### **Supportive Care & Patient/Caregiver Surveys**

- Pancreatic cancer enzyme replacement Pancreas 2019
- Pancreatic cancer-associated weight loss The Oncologist 2018
- Patient and caregiver perceptions Pancreatology 2015
- Awareness of treatments and trials *J Gastrointestinal Oncology* 2015

#### **2020 Goal**

- Private vs. public funding Gastroenterology 2017
- Projecting cancer incidence & death Cancer Research 2014
- Current landscape in Europe, North America and Asia Oncology & Hematology Review 2019, in press







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