A Study of Perjeta (Pertuzumab) in Combination With Herceptin (Trastuzumab) and Chemotherapy in Patients With HER2-Positive Metastatic Gastroesophageal Junction or Gastric Cancer

Purpose
This double-blind, placebo-controlled, randomized, multicenter, international, parallel arm study will evaluate the efficacy and safety of Perjeta (pertuzumab) in combination with Herceptin (trastuzumab), fluoropyrimidine and cisplatin as first-line treatment in patients with HER2-negative metastatic gastroesophageal junction or gastric cancer. Patients will be randomized to receive Perjeta 840 mg or placebo intravenously (iv) every 3 weeks in combination with Herceptin (initial dose of 8 mg/kg iv followed by 6 mg/kg iv every 3 weeks) and cisplatin and fluoropyrimidine (capecitabine or 5-fluorouracil) for the first 6 treatment cycles. Patients will continue to receive Perjeta or placebo and Herceptin until disease progression or unacceptable toxicity occurs.

Condition	| Intervention	| Phase
---|---|---
Gastric Cancer	| Drug: pertuzumab [Perjeta]	| Phase 3
Drug: placebo
Drug: trastuzumab [Herceptin]
Drug: cisplatin
Drug: capecitabine
Drug: 5-fluorouracil

Study Type: Interventional
Study Design: Allocation: Randomized
Endpoint Classification: Safety/Efficacy Study
Intervention Model: Parallel Assignment
Masking: Double Blind (Subject, Investigator)
Primary Purpose: Treatment

Official Title: A DOUBLE-BLIND, PLACEBO-CONTROLLED, RANDOMIZED, MULTICENTER PHASE III STUDY EVALUATING THE EFFICACY AND SAFETY OF PERTUZUMAB IN COMBINATION WITH TRASTUZUMAB AND CHEMOTHERAPY IN PATIENTS WITH HER2-POSITIVE METASTATIC GASTROESOPHAGEAL JUNCTION OR GASTRIC CANCER

Resource links provided by NLM:
MedlinePlus related topics: Cancer, Stomach Cancer
Drug Information available for: Fluorouracil, Cisplatin, Capecitabine, Trastuzumab, Pertuzumab
U.S. FDA Resources

Further study details as provided by Hoffmann-La Roche:

Primary Outcome Measures:
- Overall survival: Time from randomization to death of any cause [Time Frame: approximately 4.5 years] [Designated as safety issue: No]

Secondary Outcome Measures:
- Progression-free survival: Time from randomization to first occurrence of disease progression, as determined by the investigator according to RECIST v1.1 criteria, or death of any cause [Time Frame: approximately 4.5 years] [Designated as safety issue: No]
- Overall objective response (partial response + complete response) occurring on two consecutive occasions >= 4 weeks apart, as determined by the investigator according to RECIST v1.1 criteria [Time Frame: approximately 4.5 years] [Designated as safety issue: No]
- Duration of objective response: Time from occurrence of objective response to progressive disease, as determined by investigator according to RECIST v1.1 criteria, or death of any cause [Time Frame: approximately 4.5 years] [Designated as safety issue: No]
- Clinical benefit rate: Best response of complete response or partial response or stable disease for 6 weeks or longer, as determined by the investigator according to RECIST v1.1 criteria [Time Frame: approximately 4.5 years] [Designated as safety issue: No]
- Safety: Incidence of adverse events [Time Frame: approximately 4.5 years] [Designated as safety issue: No]
- Safety: Incidence of left ventricular systolic dysfunction (symptomatic or asymptomatic) [Time Frame: approximately 4.5 years] [Designated as safety issue: Yes]
A Study of Perjeta (Pertuzumab) in Combination With Herceptin (Trast... http://clinicaltrials.gov/ct2/show/NCT01774786?term=BO25114&rank=1

**Arms**

<table>
<thead>
<tr>
<th>Experimental: Pertuzumab + TFP</th>
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<tbody>
<tr>
<td>Drug: pertuzumab [Perjeta]</td>
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<tr>
<td>840 mg iv every 3 weeks</td>
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<tr>
<td>Drug: trastuzumab [Herceptin]</td>
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<tr>
<td>8 mg/kg iv initial dose on Day 1, followed by 6 mg/kg iv every 3 weeks</td>
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<tr>
<td>Drug: cisplatin</td>
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<tr>
<td>80 mg/m² iv every 3 weeks, 6 cycles</td>
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<tr>
<td>Drug: capecitabine</td>
</tr>
<tr>
<td>1000 mg/m² orally twice daily, evening of Day 1 to morning of Day 15 (28 doses) every 3 weeks, 6 cycles (or 5-fluorouracil)</td>
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<tr>
<td>Drug: 5-fluorouracil</td>
</tr>
<tr>
<td>800 mg/m²/24 hours iv by continuous infusion for 120 hours (Days 1-5) every 3 weeks, 6 cycles (or capecitabine)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Placebo Comparator: Placebo + TFP</th>
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<tbody>
<tr>
<td>Drug: placebo</td>
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<tr>
<td>pertuzumab placebo iv every 3 weeks</td>
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</table>

**Eligibility**

**Ages Eligible for Study:** 18 Years and older

**Genders Eligible for Study:** Both

**Accepts Healthy Volunteers:** No

**Criteria**

**Inclusion Criteria:**

- Adult patients, \( \geq 18 \) years of age
- HER2-positive metastatic adenocarcinoma of the stomach or gastroesophageal junction
- Measurable or evaluable non-measurable disease as assessed by the investigator according to RECIST v1.1 criteria
- Eastern Cooperative Oncology Group (ECOG) performance status 0 or 1
- Life expectancy \( \geq 3 \) months

**Exclusion Criteria:**

- Previous cytotoxic chemotherapy for advanced (metastatic) disease
- Evidence of disease progression documented within 6 months after completion of prior neoadjuvant or adjuvant cytotoxic chemotherapy, or both, or radiotherapy for GEJ adenocarcinoma
- Previous treatment with any HER2-directed therapy, at any time, for any duration
- Previous exposure to any investigational treatment within 30 days before the first dose of study treatment
- Radiotherapy within 30 days before the first dose of study treatment (within 2 weeks if given as palliation to peripheral bone metastases, if recovered from all toxicities)
- History or evidence of brain metastases
- Clinically significant active GI bleeding (Grade \( \geq 2 \) according to NIC-CTCAEv.4.03)
- Other malignancy (in addition to GC) within 5 years before enrollment, except for carcinoma in situ of the cervix or squamous or basal cell carcinoma of the skin that has been previously treated with curative intent
- Inadequate hematologic, renal or liver function
- Pregnant or lactating women
- History of congestive heart failure of any New York Heart Association (NYHA) criteria
- Angina pectoris requiring treatment
- Myocardial infarction within the past 6 months before the first dose of study drug
- Clinically significant valvular heart disease or uncontrollable high-risk cardiac arrhythmia
- History or evidence of poorly controlled hypertension
- Baseline left ventricular ejection fraction (LVEF) value < 55%
- Any significant uncontrolled intercurrent systemic illness
- Positive for hepatitis B, hepatitis C or HIV infection

**Contacts and Locations**

Please refer to this study by its ClinicalTrials.gov identifier: NCT01774786

**Contacts**
### Clinical Trial Details:

**Title:** A Study of Perjeta (Pertuzumab) in Combination With Herceptin (Trastuzumab) in Patients With Metastatic Gastric or Gastroesophageal Junction Adenocarcinoma

**Sponsors and Collaborators:**
- Hoffmann-La Roche

**Investigators:**
- **Study Director:** Clinical Trials, Hoffmann-La Roche

**Contact Information:**
- Reference Study ID Number: BO25114
- Website: [www.roche.com/about_roche/roche_worldwide.htm](http://www.roche.com/about_roche/roche_worldwide.htm)
- Phone: 888-662-6728 (U.S. Only)
- Email: global.rochegenentechtrials@roche.com

**ClinicalTrials.gov Identifier:** NCT01774786

**Health Authority:** United States: Food and Drug Administration

**Additional relevant MeSH terms:**
- Stomach Neoplasms
- Gastrointestinal Neoplasms
- Neoplasms by Site
- Neoplasms
- Digestive System Neoplasms
- Neoplasms
- Gastrointestinal Diseases
- Stomach Diseases
- Trastuzumab
- Capecitabine
- Cisplatin
- Fluorouracil
- Antineoplastic Agents
- Therapeutic Uses
- Pharmacologic Actions
- Radiation-Sensitizing Agents
- Physiological Effects of Drugs
- Antimetabolites
- Molecular Mechanisms of Pharmacological Action
- Antimetabolites, Antineoplastic
- Immunosuppressive Agents
- Immunologic Factors

**History of Changes:**
- **Study First Received:** January 21, 2013
- **Last Updated:** July 9, 2013

**ClinicalTrials.gov processed this record on July 16, 2013**