

YOUR ACTIVE INVOLVEMENT IN DRUG DEVELOPMENT

Dear Doctor/ Oncologist,
 Welcome to our second issue of oncology newsletter of the Phase 1 Clinical Trial Centre!
 Your support is important to us and we hope to keep you in touch with our early-phase oncology research activities and facilitate the referral process. Please feel free to contact us using the links below if you are interested in referring patients to any of our studies.



Oncology focus

Oncology early-phase studies

Active Recruitment:

For details about inclusion criteria of each study, please refer to http://www.clo.cuhk.edu.hk/cctu/trials_phase1.html. You are encouraged to contact the PI (see email below) or Phase 1 Clinical Trial Centre (p1ctc@cuhk.edu.hk) before making a medical referral. Thanks!

Cancer type	Inclusion Criteria (partial)	Contact of PI (for doctors only)
Advanced ALK-positive NSCLC	Age \geq 18, ECOG 0-1, locally advanced or metastatic (Stage IIIB not eligible for definitive chemo-radiotherapy, Stage IV, or recurrent) NSCLC	Prof. Brigette Ma (brigette@clo.cuhk.edu.hk)
HCC or solid malignancies characterized by positive FGFR4 and KLB expression	Age \geq 18, ECOG \leq 1, HCC or solid tumor with positive FGFR4 and KLB	Dr. Chan Lam Stephen (l_chan@clo.cuhk.edu.hk)
Renal cell cancer, pancreatic neuroendocrine tumors, and advanced breast cancer	Age \geq 18, ECOG \leq 2, Availability of tumor tissue for the analysis of PI3K signaling	Prof. Brigette Ma (brigette@clo.cuhk.edu.hk)
Advanced/metastatic solid tumors	Age \geq 18, ECOG \leq 1, advanced/metastatic solid tumors	Prof. Brigette Ma (brigette@clo.cuhk.edu.hk)
Advanced HCC	Age \geq 18, locally advanced recurrent or metastatic HCC of current cirrhotic status of Child Pugh Class A (5-6 points), with no encephalopathy and/or ascites.	Dr. Chan Lam Stephen (l_chan@clo.cuhk.edu.hk)
Other phase I protocols of targeted therapies and /or immunotherapy are ongoing in lung and liver cancers.		

REFERRALS



Precision Medicine Yields Better Outcomes for Patients in Phase I Clinical Trials

A meta-analysis of 346 phase 1 clinical trials involving >13,000 patients found that patients whose treatment was selected based on the molecular characteristics of their tumor (i.e. precision medicine approaches) had significantly better outcomes. Previous meta-analyses of phase 2 and phase 3 trials by the same researchers observed similarly improved outcomes with precision medicine approaches.

The study examined efficacy and safety data from 346 phase 1 trials published between 2011 and 2013. The analysis included 58 treatment arms that employed precision medicine approaches and 293 that did not. Tumor shrinkage rates were 30.6% in the arm using precision medicine approaches, compared to 4.9% in those that did not. Patients in precision medicine arms also had a longer progression-free survival compared to other arms (median 5.7 months vs. 2.95 months).

Additionally, matching patients to therapy based on genomic (DNA) biomarkers resulted in higher tumor shrinkage rates (42%) compared to protein biomarkers (22.4%).

(Abstract: <http://meetinglibrary.asco.org/content/163240-176>)

Press Release: <https://www.asco.org/about-asco/press-center/news-releases/precision-medicine-yields-better-outcomes-patients-phase-i>)

“WITH A PRECISION MEDICINE APPROACH, WE CAN USE A PATIENT’S INDIVIDUAL TUMOR BIOMARKERS TO DETERMINE WHETHER THEY ARE LIKELY TO BENEFIT FROM A PARTICULAR THERAPY, EVEN WHEN THAT THERAPY IS AT THE EARLIEST STAGE OF CLINICAL DEVELOPMENT”

Your feedback on how we improve our service is important to us.

We respect your privacy, if you do not wish us to send you this newsletter again, please let us know.



Contact Us

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