

## **NCRI Melanoma Clinical Studies Group**

### **Portfolio and accrual**

The Group have had a successful year being one of the highest recruiters into the EORTC adjuvant trial of a ganglioside vaccine (GM2-KLH/QS21) versus observation (EORTC 18961). This trial accrued patients with primary lesions greater than 1.5 mm thick. A new trial examining the role of Avastin in the adjuvant setting has been developed by the Group and this has been approved by CTAAC. This randomised study will be performed in collaboration with industry (Roche). The trial was designed and will be lead by Dr Pippa Corrie from Cambridge. It is hoped to run this as a collaborative study with the German DeCOG, and to involve investigators in Australia, to ensure timely accrual and completion.

Our first-line trial for patients with metastatic disease is an EORTC trial (EORTC 18032), which randomises patients between standard dose DTIC and a prolonged administration schedule of temozolomide. The chief investigator for this Europe-wide trial is a member of the NCRI Melanoma Clinical Studies Group namely, Professor Poulam Patel from Nottingham. The UK is the main contributor to date (87/400)

Other trials that continue to accrue include local studies: from Leeds, one study collects data on rare melanomas and the other investigates those with a familial risk for melanoma. In Nottingham, there is a trial for patients with basal cell carcinoma; patients are randomised to imiquimod or surgery (Professor H Williams). The Group's trial of completion lymph node dissection following positive sentinel node biopsy continues to accrue. Other trials that are still under development include a trial for patients with lentigo maligna and we have started to investigate the possibility of a study investigating the role of follow up in early stage melanoma. We once again held a very successful annual joint meeting with the Renal Group at the BCRM in 2005. Accrual was 9.9% of incidence cases (505 patients).

### **Progress Review**

The Group is actively addressing the recommendations of the Review Panel 2005 and the Interim Review 2006, and progress has been made in a number of areas. A provisional 3-year plan has been agreed. The main considerations are broadening membership, formalising the relationship with the MSG, representation and interaction with other professional groups treating skin cancer, expanding remit to include non-melanoma skin cancer, trials development, supporting the new subgroups and developing proposals for a prevention study.

### **Membership**

Dr Paul Lorigan took over Chairmanship of the Group in May 2006 and these will be his priorities. 9 Members left the Group in June and 4 members joined.

### **Subgroups**

The Group established 5 subgroups in early 2006. These subgroups are Prevention, Pathology, Non-melanoma skin tumors, Translational and Rare melanomas.

## Melanoma Group Portfolio

Acronym	Title	PI(s)	Status
EORTC 18001-88001	Phase III Randomized Study of Adjuvant NA17.A2 Antigen and Melanoma Differentiation Peptides in HLA-A2-Positive Patients With Primary Ocular Melanoma at High Risk of Relapse	Dr Ernie Marshall	Closed
EORTC 18032	Extended schedule, escalated dose Temozolomide versus Dacarbazine in Stage IV Metastatic Melanoma: A Randomised Phase III Study of the EORTC Melanoma Group	Professor Poulam Patel	Open
EORTC 18961	Post-operative adjuvant ganglioside GM2-KLH/QS-21 (BMS-248479) vaccination treatment after resection of primary cutaneous melanoma thicker than 1.5 mm (AJCC/UICC stage II, T3-T4N0M0), a 2-arm multicenter randomized phase III trial vs. observation	Professor Angus Dalgleish	Open
EORTC 18981	TRIAL 18981 Temozolomide versus Temozolomide + whole brain radiation in stage IV melanoma patients with asymptomatic brain metastases	Dr Juergen Becker / Professor Poulam Patel	Closed
EORTC 18991	TRIAL 18991 Adjuvant peg-intron treatment in stage III melanoma versus observation after regional lymph node dissection. A Multicenter Randomized Phase III trial	Professor Alexander Eggermont / Professor Martin Gore	Closed
MAGE 3	Randomised, open phase II study of immunisation with the recombinant MAGE-3 protein combined with adjuvant ASO2B or AS15 in patients with unresectable and progressive metastatic cutaneous melanoma	Dr Paul Lorigan	Open
Melanoma Cohort Study	The Melanoma Follow-Up and Case-Control Family Study	Prof Julia Newton-Bishop	Open
Melanoma Family Study	A Study of Familial Melanoma (MREC/99/3/45)	Prof Julia Newton-Bishop	Open
Melanoma Late Relapse Study	A Nested Case Control Study of Late relapsing Melanoma (MREC 99/3/36)	Prof Julia Newton-Bishop	Closed
PTK787	A phase II study to evaluate the efficacy and safety of PTK787 in patients with metastatic cutaneous melanoma ( <b>This Trial is not open to additional centres</b> ).		unknown
SINS	A randomised controlled trial of excisional surgery versus imiquimod	Prof Hywel Williams	Open

	5% cream for nodular and superficial basal cell carcinoma		
SLNB feasibility Study in patients with melanoma	Study investigating the diagnosis and treatment of early lymph node involvement in patients with primary cutaneous melanoma by sentinel lymph node biopsy with or without completion lymphadenectomy & molecular markers	Prof Tim Eisen	Open

Professor Martin Gore, Chair (until May 2006)

## **Appendix 1: Key strengths and issues from the Interim Progress Review, January 2006**

Strengths:

- Success at entering patients into EORTC studies
- Being in a position to take the lead in developing pan European studies
- Beginning to broaden the portfolio to include skin tumors other than melanomas
- Involvement in a number of pharma studies

The Group needs to consider:

- Continued poor attendance of some members of the group and address this with some urgency
- Appointing members with a background in health services and behavioral sciences and increasing the number of dermatologists on the Group
- Increasing representation from specialists with a background in antibody treatments as new agents become available
- Appointing a member from an accredited CTU to assist in the preparation of trial submissions
- Reviewing whether or not the right subgroups have been set up and if so rapidly identifying members for each subgroup
- Resolving the overlapping membership and roles of the CSG and UK MSG and agreeing a more formal relationship
- Keeping the Group's name under review particular as more studies of skin tumors other than melanoma are developed
- As a key priority, developing a prevention study preceded by a number of feasibility studies
- Seeking the advice of Professor Muir Gray as to what strategy to adopt and which feasibility studies to develop first
- Liaising with other CSGs, which have expertise in prevention studies.
- Addressing with some urgency, the inclusion of pharma studies into the portfolio, by for example using the new fast track process.
- Maintaining a dialogue with the CTAAC office prior to and after submitting a study for funding
- Establishing EORTC studies as inter group studies