Randomized, Phase II Study of Ficlatuzumab With or Without Cetuximab in Patients With Cetuximab-Resistant, Recurrent/Metastatic Head and Neck Squamous Cell Carcinoma

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Background

• 18% of all head and neck cancers are squamous cell carcinomas (HNSCC), which mostly arise in the head and neck region.
• Despite advances in radiobiology, it is now clear that resistance mechanisms are responsible for treatment failure.

To date, the only targeted therapy to treat HNSCC is cetuximab, an anti-epidermal growth factor receptor (EGFR) monoclonal antibody (MoAb).

HGF/cMet pathway has been shown to be an important driver of HNSCC growth and metastasis. However, the role of cMet in HNSCC progression is not yet fully understood.

Aim

To date, the only targeted therapy to treat HNSCC is cetuximab, an anti-epidermal growth factor receptor (EGFR) monoclonal antibody (MoAb) 

Study Hypothesis

The HER2/cMet pathway may play a role in resistance to cetuximab therapy in patients with HNSCC.

Study Design

Study Objective

Primary Objective

1. To determine the objective response rate (ORR) of ficlatuzumab with or without cetuximab in patients with cetuximab-resistant, recurrent/metastatic HNSCC.

Secondary Objective

1. To determine the disease control rate (DCR) of ficlatuzumab with or without cetuximab in patients with cetuximab-resistant, recurrent/metastatic HNSCC.

2. To evaluate the relationship between clinical subtypes (PIS, PR, RR) and candidate biomarkers, genetic, pathologic, and genomic features.

Inclusion/Exclusion Criteria

Key Inclusion Criteria

Adults aged 18 years or older with histologically confirmed recurrent/metastatic HNSCC after failure of cetuximab combination therapy in patients with R/M HNSCC.

Key Exclusion Criteria

• History of previous treatment with a cMet inhibitor (rilotumumab, crizotinib, MetMAb, or avosentan).

• Major surgery within 6 weeks before study day 1

• Significant pulmonary disease (including pulmonary hypertension or interstitial lung disease).

• Prior treatment with an HER2/neu antibody (trastuzumab, pertuzumab).

• Significant pulmonary disease (including pulmonary hypertension or interstitial lung disease).

• Prior platinum exposure (any line of therapy)

• History of anaphylactic reaction to ficlatuzumab, cetuximab, or any component of ficlatuzumab or cetuximab.

• History of any prior radiobiology, including radiation therapy or brachytherapy.

• Progressive disease within 2 months of registration.

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