INTERIM ANALYSIS OF STEVIE, A SINGLE-ARM, OPEN-LABEL, MULTICENTRE STUDY TO EVALUATE THE SAFETY OF THE HEDGEHOG PATHWAY INHIBITOR VISMODEGIB IN PATIENTS WITH ADVANCED BASAL CELL CARCINOMA (BCC)

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Aim of the Investigation

Although most cases of BCC can be managed by surgery, some of these progress to such advanced stage that surgery is inappropriate. Vismodegib, a first-in-class Hedgehog pathway inhibitor, was approved for advanced BCC (aBCC: locally advanced or metastatic) in the US, based on the pivotal study ERIVANCE BCC. STEVIE is a pre-approval safety study of vismodegib in aBCC.

Materials, Subjects and Methods

aBCC patients receive oral vismodegib 150 mg, once-daily until progressive disease, unacceptable toxicity or withdrawal. Safety is assessed by Common Terminology Criteria for Adverse Events v4.0. Overall response rate is assessed according to Response Evaluation Criteria in Solid Tumours, v1.1. Recruitment is ongoing.

Results

This analysis (data cutoff: 17May2012) included 150 patients with locally advanced (n=138) or metastatic (n=12) BCC with potential for \hat{a} ‰¥3-month follow-up, from six European countries and Canada. Locally advanced patients had lesions considered inoperable (54.3%), or surgery contraindicated (45.7%). Median treatment duration was 144 days (range, $2\hat{a}$ "302). The most common treatment emergent adverse events (TEAEs, \hat{a} ‰¥20% of patients) included muscle spasms (53.3%), alopecia (42.7%), dysgeusia (36.0%), ageusia (27.3%), and asthenia (26.7%). Most TEAEs were mild or moderate in severity. Serious TEAEs occurred in 22 patients (14.7%). Patients discontinued treatment (25.3%) due to adverse events (n=10), patient request (n=9), death (n=8),

disease progression (n=4), investigator request (n=4), or other (n=3). Deaths were due to disease progression (n=2) or adverse events not considered related to study drug by the investigator (n=6; pneumonia, multi-organ failure, rectal cancer, cardiac arrest, chronic obstructive pulmonary disease, non-Hodgkin's lymphoma). Initial preliminary best overall response was confirmed for 124 patients. 19.4% patients had complete response, 55.6% partial response, 21.8% stable disease and 3.2% progressive disease.

Conclusions

This interim analysis from STEVIE confirms a similar vismodegib safety profile to ERIVANCE BCC. Updated results will be presented.