A Basket Trial Evaluating The Safety and Efficacy of PVSRIPO Alone and PVSRIPO in Combination With Anti-PD-1/L1 Checkpoint Inhibitors in Patients With Bladder Cancer

Trial Information

Participating Study Centers
Duke University Medical Center, Duke Cancer Center, Durham, NC
New York University Langone Health, New York, NY
University of North Carolina Lineberger Cancer Center, Chapel Hill, NC
University of California San Francisco Medical Center, San Francisco, CA
Carolina Urologic Research Center, Myrtle Beach, SC
Henry Ford Health System, Detroit, MI

Trial Registration Number: NCT04690699
Start Date: June 2021
Estimated Completion Date: June 2025

Objectives

Primary objectives:
• Evaluate safety and tolerability
• Evaluate anti-tumor response (phase 2)

Secondary objectives:
• Evaluate anti-tumor activity
• Assess viral shedding

*Unless specified, all objectives are for both phase 1 and cohorts A and B.

Key Eligibility Criteria

Cohort A

- Refused or ineligible for cisplatin-based therapy
- Stage T2-T4a, N0, M0 by MRI or CT urogram
- No prior systemic therapy for MIBC
- ≤1 prior systemic therapy in the unresectable/metastatic setting

Cohort B

- Unresectable locally advanced or metastatic bladder cancer

- No antplatelet or anticoagulant treatment within ≤3 days of PVSRPPO dose

*Histologically/cytologically confirmed urothelial carcinoma from lower urinary tract, and FFPE tumor specimen within 6 months of first PVSRPPO dose
• Pure non-urothelial histologies are excluded

Optional eligibility criteria:

- ≥45 mL/min CrCl (GFR is allowed)

Bladder Cancer Study Design

Phase 1a

PVSRPPOc

Cohort A
d
Cisplatin-ineligible patients with resectable MIBC

DSMC

Phase 2b

PVSRPPOc + Pembrolizumabe

Cohort A
d
Cisplatin-ineligible patients with resectable MIBC

PVSRPPOc + Pembrolizumabef

Cohort B

Patients with unresectable locally advanced/metastatic bladder cancer

Study Endpointsa,b

Primary endpoints:
• Surgical complications (Cohort A)
• Proportion and timing of patients undergoing resection (Cohort A)
• Proportion of patients with pCR at cystectomy (phase 2, Cohort A)

Secondary endpoints:
• RFS; clinical to pathological TNM downstaging (Cohort A); proportion of patients with pCR at cystectomy (phase 1, Cohort A)
• Urine PV titers (Cohorts A and B)

*Only enrolls patients from Cohort A; bEnrolls patients from Cohorts A and B in parallel; includes safety reviews by the DSMC after the first 6 and 12 patients are enrolled (e

Schedule of Assessments

CNS, central nervous system; CrCl, creatinine clearance; CT, computed tomography; DSMC, data safety monitoring committee; FFPE, formalin-fixed paraffin-embedded; GFR, glomerular filtration rate; IPOL®, poliovirus vaccine inactivated IV, intravenous; MIBC, muscle-invasive bladder cancer; MRI, magnetic resonance imaging; pCR, pathologic complete response; PV, poliovirus; Q3W, every 3 weeks; Q6W, every 6 weeks; RFS, relapse-free survival; TCID, tissue culture infectious dose; TNM, Tumor-Nodes-Metastasis Classification of Malignant Tumors.

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