





EORTC-STBSG Study 1809 (STRASS 2)

A randomized phase III study of neoadjuvant chemotherapy followed by surgery versus surgery alone for patient with High Risk RetroPeritoneal Sarcoma

Study coordinator: **Alessandro Gronchi**Fondazione IRCCS Istituto Nazionale dei Tumori, Milano, Italy

Study co-coordinator: **Winan van Houdt**The Netherlands Cancer Institute-Antoni Van Leeuwenhoekziekenhuis, Amsterdam, the
Netherlands





Study organization

STRASS-2 is a multicenter phase III study run in 38 EORTC sites over 11 countries

STRASS-2 is an intergroup collaboration

- EORTC = sponsor in Europe
- CCTG = sponsor in Canada
- ANZSA = sponsor in Australia
- ECOG/ACRIN = sponsor in US
- JCOG = sponsor in Japan





STRASS 2 main objective

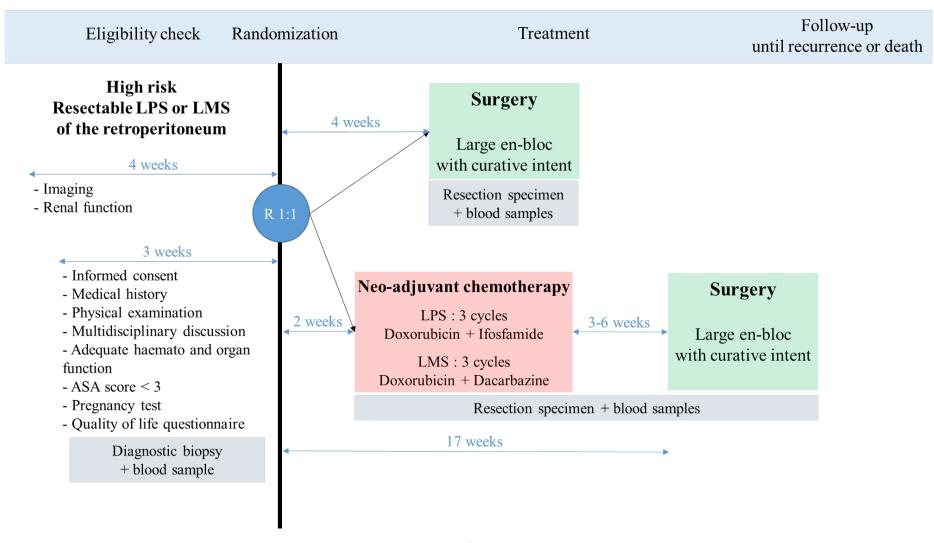


 STRASS 2 aims to investigate whether patients affected by RPS with the highest metastatic risk (G3 DDLPS and LMS) could benefit from neoadjuvant chemotherapy.

 The main objective of this study is to demonstrate that neo-adjuvant chemotherapy, as an adjunct to curative intent en-block surgery can improve the prognosis of these patients by reducing the risk of development of distant metastasis.



Study design





Study conduct

- 250 patients will be randomized over 66 months (5.5 years).
- Follow-up = 1.5 years
- To ensure balance between the number of patients in the two histology cohorts, accrual to each cohort will be capped to 125 patients.
- Two interim looks for futility are foreseen in this design: one after approximately 40% of events have occurred (around 4 years after first patient in) and one after approximately 66.7% of events have occurred (around 5 years after first patient in)



Protocol versions

- ☐ The study protocol has been amended concerning the inclusion of LMS patients:
 - → Protocol v3.0: LMS: Grades 2 and 3 LMS of minimum size 5 cm
 - → Protocol v4.0: LMS: any grade and size > 5 cm
- Upcoming amendments
 - PISIC v5.0 → updated safety language for doxorubicin
- Future amendments
 - Patient preference sub-study (for UK patients only)
 - CTR changes migration is planned in Q2 2023



Study status – regulatory submissions

| Country | Ethics Committee | Competent Authority | | |
|----------------|---|-----------------------------|--|--|
| Cyprus | Approved | Approved | | |
| 300 | (protocol v4.0, PISIC v4.0) | (protocol v4.0, PISIC v4.0) | | |
| Czech Republic | Approved | Approved | | |
| 3 | (protocol v4.0, PISIC v4.0) | (protocol v4.0, PISIC v4.0) | | |
| Denmark | Approved | Approved | | |
| | (protocol v3.0, PISIC v3.0) | (protocol v3.0, PISIC v3.0) | | |
| France | Approved | Approved | | |
| | (protocol v4.0, PISIC v4.0) | (protocol v4.0) | | |
| Germany | Approved | Approved | | |
| IEW | (protocol v4.0, PISIC v4.0) | (protocol v4.0) | | |
| Italy | Approved by central EC and most local ECs | Approved | | |
| TEWS | (protocol v4.0, PISIC v4.0) | (protocol v4.0) | | |
| Netherlands | Approved | Approved | | |
| EW | (protocol v4.0, PISIC v4.0) | (protocol v4.0, PISIC v4.0) | | |
| Poland | Approved | Approved | | |
| NEWS | (protocol v4.0, PISIC v4.0) | (protocol v4.0, PISIC v4.0) | | |
| Slovakia | Approved | Approved | | |
| TEVA | (protocol v4.0, PISIC v4.0) | (protocol v4.0, PISIC v4.0) | | |
| Spain | Approved | Approved | | |
| TIEW | (protocol v4.0, PISIC v4.0) | (protocol v4.0) | | |
| United Kingdom | Approved | Approved | | |



Study status – site activation

(cut-off 21/10/2022)

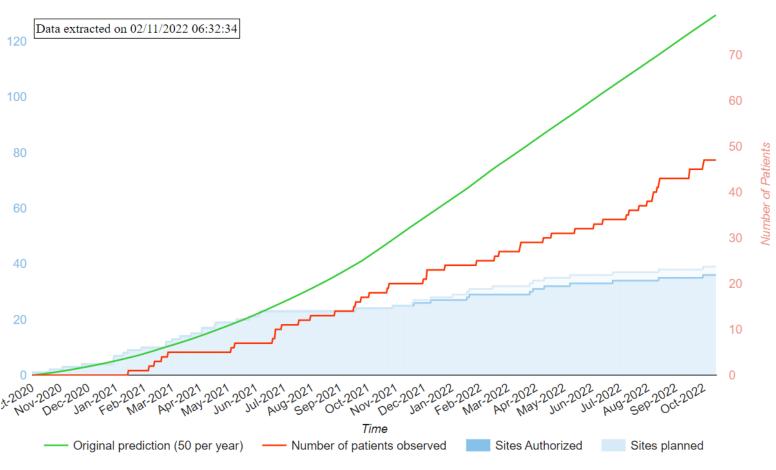
| Country | # activated sites / total sites | # recruiting sites / total sites |
|----------------|---------------------------------|----------------------------------|
| Cyprus | 1 /1 | 0/1 |
| Czech Republic | 1 /1 | 1 / 1 |
| Denmark | 0/2 | 0 / 2 |
| France | 5 / 5 | 3 / 5 |
| Germany | 3 / 3 | 2/3 |
| Italy | 8/8 | 3/8 |
| Netherlands | 3 / 4 | 1/4 |
| Poland | 1 / 1 | 1/1 |
| Slovakia | 1 /1 | 0/1 |
| Spain | 3 / 4 | 3 / 4 |
| United Kingdom | 5 / 8 | 2 / 8 |
| Canada | 2 / 3 | 1/3 |
| Australia | 3 / 3 | 1/3 |
| ΤΟΤΔΙ | 36/44 | 18/44 |



Accrual status

(cut-off 02/11/2022)

1809 - Enrollment accrual: observed versus expected



The accrual of the planned 250 patients is expected in Oct 2031 based on the accrual observed in the last 6 months



Study status – Collaborative groups

• CCTG = sponsor in Canada

- Regulatory approvals are received
- 2 / 3 sites are activated
- 2 patients randomized and 1 patient in screening

ANZSA = sponsor in Australia

- Regulatory approvals are received
- Grant obtained MRFF
- 3 / 3 sites are activated
- 1 patient randomized

ECOG-ACRIN = sponsor in US

- Submission to NCI performed
- Contract between EORTC and E/A almost finalized

JCOG = sponsor in Japan

- Grant submissions are ongoing
- Contract between EORTC and JCOG initiated
- FSA expected in 1 year



Baseline data (1)

| | EXPERIMENTAL ARM | STANDARD ARM | Grand Total | |
|-------------|------------------|--------------|--------------------|--|
| | | | | |
| DDLPS | 14 | 14 | 28 | |
| Grade 2 | 10 | 10 | 20 | |
| Grade 3 | 4 | 4 | 8 | |
| LMS | 10 | 9 | 19 | |
| Grade 1 | 1 | 2 | 3 | |
| Grade 2 | 6 | 7 | 13 | |
| Grade 3 | 3 | | 3 | |
| Grand Total | 24 | 23 | 47 | |



Baseline data (2)

| Gender | EXPERIMENTAL ARM | STANDARD ARM | Grand Total |
|--------------------|------------------|--------------|--------------------|
| Female | 15 | 11 | 26 |
| Male | 9 | 12 | 21 |
| Grand Total | 24 | 23 | 47 |

| Age (years) | EXPERIMENTAL ARM | STANDARD ARM | Total |
|-------------|------------------|--------------|-------|
| Minimum | 45 | 34 | 34 |
| Maximum | 77 | 77 | 77 |
| Median | 68 | 58 | 62 |



Baseline data (3)

| Tumor size (mm) | EXPERIMENTAL ARM | STANDARD ARM | Total |
|-----------------|------------------|--------------|-------|
| Minimum | 55 | 68 | 55 |
| Maximum | 302 | 404 | 404 |
| Median | 153 | 130 | 130 |



Missing data overview

| Site | Pre | esent | IV | lissing | | Due | O | verdue | Total |
|------|------|-------|-----|---------|-----|-------|-----|--------|-------|
| 301 | 68 | 98.6% | 1 | 1.4% | 0 | 0 % | 1 | 1.4% | 69 |
| 381 | 17 | 94.4% | 1 | 5.6% | 0 | 0 % | 1 | 5.6% | 18 |
| 3919 | 56 | 96.6% | 2 | 3.4% | 1 | 1.7% | 1 | 1.7% | 58 |
| 227 | 69 | 93.2% | 5 | 6.8% | 1 | 1.4% | 4 | 5.4% | 74 |
| 527 | 26 | 76.5% | 8 | 23.5% | 8 | 23.5% | 0 | 0 % | 34 |
| 550 | 244 | 68.7% | 111 | 31.3% | 69 | 19.4% | 42 | 11.8% | 355 |
| 613 | 70 | 62.5% | 42 | 37.5% | 19 | 17% | 23 | 20.5% | 112 |
| 888 | 63 | 46.3% | 73 | 53.7% | 35 | 25.7% | 38 | 27.9% | 136 |
| 3908 | 138 | 61.6% | 86 | 38.4% | 50 | 22.3% | 36 | 16.1% | 224 |
| 379 | 13 | 48.1% | 14 | 51.9% | 10 | 37% | 4 | 14.8% | 27 |
| 259 | 69 | 66.3% | 35 | 33.7% | 16 | 15.4% | 19 | 18.3% | 104 |
| 1054 | 32 | 88.9% | 4 | 11.1% | 3 | 8.3% | 1 | 2.8% | 36 |
| 876 | 11 | 68.8% | 5 | 31.3% | 5 | 31.3% | 0 | 0 % | 16 |
| 9848 | 2 | 100% | 0 | 0 % | 0 | 0 % | 0 | 0 % | 2 |
| 6998 | 11 | 61.1% | 7 | 38.9% | 7 | 38.9% | 0 | 0 % | 18 |
| 520 | 29 | 85.3% | 5 | 14.7% | 5 | 14.7% | 0 | 0 % | 34 |
| 3901 | 1 | 100% | 0 | 0 % | 0 | 0 % | 0 | 0 % | 1 |
| 225 | 40 | 60.6% | 26 | 39.4% | 22 | 33.3% | 4 | 6.1% | 66 |
| 240 | 1 | 100% | 0 | 0 % | 0 | 0 % | 0 | 0 % | 1 |
| 704 | 651 | 90.2% | 71 | 9.8% | 60 | 8.3% | 11 | 1.5% | 722 |
| 962 | 133 | 89.9% | 15 | 10.1% | 10 | 6.8% | 5 | 3.4% | 148 |
| 429 | 2 | 100% | 0 | 0 % | 0 | 0 % | 0 | 0 % | 2 |
| 366 | 61 | 91% | 6 | 9% | 2 | 3% | 4 | 6% | 67 |
| | 1807 | 78% | 517 | 22% | 323 | 14% | 194 | 8% | 2324 |



Study budget

| Activity/Phase | EUR |
|--|---------------|
| EORTC HQ Resources | |
| Development & Activation Phase | €628,446.00 |
| Conduct Phase | €1,331,472.62 |
| Long term follow-up and closure Phase | €108,708.10 |
| TOTAL | €2,068,626.72 |
| Network | |
| Institution set-up | €353,050.00 |
| TOTAL | €353,050.00 |
| External Costs (to be confirmed by vendor quote) | |
| On-site Monitoring | €128,800.00 |
| Translational Research & HBM Management | €28,750.00 |
| Central Imaging Review | €28,842.00 |
| TOTAL | €186,392.00 |
| GRAND TOTAL | €2,608,068.72 |

Confirmed grants:

Study is <u>partially</u> covered by:



- Anti Cancer Funds (ACF)
- ECRF Cancer Research fund
- STBSG
- National grants are received:
 - UK: Sarcoma UK + CRUK+UK climbers against cancer
 - FR: INCA (not covered all activities): no feedback?
 - DK: Novo Nordisk Foundation
- Potential support from companies via sub-studies:
 - ECS Progastrin

Pending grants:

- Spanish funding: 14 k €
- EU grant (Horizon-Miss-2022-CANCER-01-03):
 - STRASS 2: 1,096,812 €
 STREXIT 2: 1,347,708 €



Questions?

Thank you!