Growing Demand for ≥ 3L Trials

In 2018, 31% of clinical trial searches with PanCAN were looking for ≥3L trials
- ≥3L clinical trial searches increased by 51% since 2015
- 133 clinical trials were potentially open to ≥3L patients in 2018, but a majority focused on existing drugs and phase I trials

Enrollment is Possible in the ≥3L Setting

Comorbidities may compromise ultimate patient enrollment rate
- 40% of patients seeking a ≥3L trial through PanCAN did not become trial eligible because of patient comorbidities or reported having significant side effects/symptoms before enrolling

Even with significant screening SAEs, Tyne-88-Panc still enrolled 1 patient/site/month (p/s/m) in the month before completing enrollment
- Historical industry average of 0.26 p/s/m for 1st line trials and 0.35 p/s/m for refractory PC trials (Novella Clinical internal analysis), demonstrating increasing level of interest for novel therapies in later stage trials

Varied Reasons for Discontinuations to be Expected

Recent 1st and 2nd line PC trials have reported ~40-50% of treatment discontinuations were not related to radiographic progression. This would be expected to increase in the ≥3L setting
- 50% (10/20) of subjects have reported discontinuing the Tyne-88-Panc trial due to reasons other than disease progression
- 26% (10/38) of patients enrolled in Tyne-88-Panc discontinued prior to completing four weeks of therapy for reasons other than radiographic progression or drug-related adverse events

Conclusion
- Determining Primary Endpoints

Overall survival (OS) is the most accepted primary endpoint in pancreatic cancer as it has been the basis for all recent product approvals
- Mean and median survival after progressing on 2L therapy was only 3.0 months based on 19.2 Phase II or III trials since 2000
- Time between progression on 2L and initiation of 3L (estimated average one month) should be maximized to increase time for benefit from 3L therapy

Proper assessment of tumor response may depend on biological as well as anatomic assessment of response
- Alternative imaging modalities or criteria should also be considered