Vismodegib, a Hedgehog Pathway Inhibitor, in Advanced Basal Cell Carcinoma: STEVIE Study Interim Analysis in 300 Patients

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ABSTRACT

This abstract has been updated from the original submission.

Background

Advanced basal cell carcinoma (aBCC) is a heterogeneous group of diseases of which 40% to 50% are recurrent or have metastasized. The pathophysiological mechanisms behind the development and progression of advanced aBCC are only partially understood. The recent approval of vismodegib (vismodegib, a Hedgehog pathway inhibitor, VEGF-internalizing FMS-like tyrosine kinase, VEGFR2) for the treatment of advanced BCC in the United States has diversified the option for patients with aBCC who previously lacked adequate treatment options. Through this collaboration, Genentech (USA), Roche (outside the USA excluding Japan and Korea), and Astellas Pharma (Japan) have jointly sponsored a 300-patient, single-arm, open-label, international multicenter study (NCT01583156). The study, known as the STEVIE study, is the largest study conducted in patients with aBCC.

Methods

The STEVIE study is an ongoing study focusing on the safety and efficacy of vismodegib in patients with aBCC. Eligible patients were randomized 2:1 to receive either vismodegib (200 mg orally daily) or placebo. The primary endpoint of the study is to assess the objective response rate (tumor shrinkage) by independent review and investigator review until 15 March 2012. Safety variables were summarized descriptively. Statistical tests were not performed, as this was an exploratory, open-label, observational study. Data analysis was performed on 1 April 2013.

Results

In the pivotal registration study (ERIVANCE BCC), the objective response rate to vismodegib treatment was 43% in laBCC and 30% in mBCC by independent review.10 Prolonged treatment was well tolerated, with discontinuations related to treatment due to adverse events (AEs) assessed as related by the investigator, of 11% in laBCC and 15% in mBCC. No new safety signals were identified during this follow-up period. The median time of objective benefits with vismodegib in a large series of patients with aBCC was 6 months (range, 3 to 11 months).

Conclusions

Preliminary efficacy data for best overall response in patients with available tumor evaluations are presented at the time of the first interim analysis. A total of 122 patients with advanced BCC, who previously lacked adequate treatment options, with an updated median follow-up of 15 months showed a high rate of tumor control with vismodegib. There was no evidence of new safety signals during this follow-up period. The median time of objective benefits with vismodegib in a large series of patients with aBCC was 6 months (range, 3 to 11 months).

REFERENCES


