Abstract 10038

The objective response categories are as described by Houghton, et al. 2007. The Kaplan-Meier method was used to compare time-to-event between treated and control groups. For comparing treatment groups, comparison between treatment groups used a p-value of 0.0167 for declaring significance to correct for multiple comparisons.

The objective response categories are as described by Houghton, et al. 2007.

- **PD = progressive disease**, >50% tumor growth at end of study
- **SD = stable disease**, <50% tumor growth throughout study and ≤25% of median control EFS
- **PR = partial response**, ≥50% tumor regression at any point during study but not sufficient for CR
- **CR = complete response**, no measureable tumor throughout study period (For ALL: %huCD45+ in PB < 1% mouse never reaches event during the study period)
- **MCR = maintained complete response**, no measureable tumor mass for at least 3 consecutive weekly readings at any time after treatment has been completed.
- **PD2 = when PD but, additionally, time-to-event is > 200% of the Kaplan-Meier median time-to-event in control group (For ALL: %huCD45+ never drops below 1% mouse never reaches event during the study period)

The PPTC preclinical findings are consistent with those of the SARC034 randomized phase 2 clinical trial (Davis LE, et al, Clin Oncol 2019) that found that regorafenib prolonged time to progression compared to placebo (3.6 months versus 1.7 months, respectively) in patients with progressive metastatic osteosarcoma. Objective responses were uncommon (13%) in patients receiving regorafenib.

A challenging issue in considering regorafenib for evaluation in newly diagnosed patients with osteosarcoma is its inability to combine with etopecitabine, which is part of the standard upfront treatment of osteosarcoma.

The preclinical activity of regorafenib in pediatric sarcoma models found in this study may support future studies of the agent in clinical trials of refractory pediatric sarcomas.

4. Discussion and Conclusions

- **Regorafenib induced modest inhibition of tumor growth in the PPTC sarcoma models evaluated.**
- **The overall pattern of response to the multi-kinase inhibitor regorafenib against the PPTC sarcoma models appears similar to that of the kinase inhibitor sorafenib, with the primary treatment effect being pronounced slowing of tumor growth in some models that is limited to the period of agent administration.**
- **The PPTC preclinical findings are consistent with those of the SARC034 randomized phase 2 clinical trial (Davis LE, et al, Clin Oncol 2019) that found that regorafenib prolonged time to progression compared to placebo (3.6 months versus 1.7 months, respectively) in patients with progressive metastatic osteosarcoma. Objective responses were uncommon (13%) in patients receiving regorafenib.**
- **A challenging issue in considering regorafenib for evaluation in newly diagnosed patients with osteosarcoma is its inability to combine with etoposide, which is part of the standard upfront treatment of osteosarcoma.**

5. References


More Information

Corresponding author: Douglas J. Harrison, MD

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