

NCCTG

NORTH CENTRAL CANCER TREATMENT GROUP

Date: July 28, 2006

To: NCCTG Primary Clinical Research Associates

From: Lori K. Bratvold
Protocol Development Coordinator

Re: N0272, Phase II Trial of STI-571 in Treatment of Recurrent Oligodendroglioma and Mixed Oligoastrocytoma

The purpose of this memorandum is to provide investigators with a recent report of an adverse event that has occurred in association with STI-571 for a study where the Division of Cancer Treatment and Diagnosis (DCTD), National Cancer Institute (NCI) is distributing this agent. You may have also received this communication directly from DCTD.

AE_1794219

Please note that all risks currently cited in the NCCTG consent form can not be omitted; it is at the discretion of your local IRB as to whether they wish to add risks based on the enclosed information. If a determination has been made by the NCCTG Research Base that a protocol amendment is necessary, you will receive the NCI-approved protocol addendum at a later date; for purposes of cross-reference, this communication will cite the adverse event noted above.

Please submit this adverse event to your Institutional Review Board.

If you have any questions concerning this communication, please contact Lori K. Bratvold at 507/266-3549.

lkb
enclosure



DATE: July 17, 2006

FROM: A. Dimitrios Colevas, M.D., Investigational Drug Branch, CTEP, DCTD, NCI

SUBJECT: STI571 (Imatinib Mesylate, Gleevec™) IND Safety Report, AE# 1794219

TO: Investigators Using STI571 (NSC 716051)

The U.S. Food and Drug Administration (FDA) regulations require sponsors of clinical studies conducted under a U.S. IND to notify the FDA and all participating investigators of any serious and unexpected adverse experiences that are possibly related to the investigational agent. Please find attached a copy of an IND Safety Report recently submitted to the FDA for the CTEP-sponsored investigational agent STI571.

The following must be completed by all investigators using STI571 under NCI IND 61135:

- Send a copy of the IND Safety Report to your Institutional Review Board (IRB) according to your local IRB's policies and procedures.
- File a copy of the IND Safety Report in your protocol file.

Please note that for Cooperative Group studies, the Cooperative Group Operations Office will provide instructions for IRB submissions, any patient notifications, etc.

CTEP's evaluation of this IND Safety Report in light of previous experience with STI571 does not require a change in the clinical protocols for this agent at this time.

Please continue to report events according to the adverse event reporting guidelines in your protocol(s).

The Adverse Events Assessment that describes the following adverse events, previous experience under this IND, and the total number of patients enrolled in trials under this IND is attached:

A 16-year-old male with chronic myelogenous leukemia experienced grade 3 neuropathic pain while on a phase 2 trial utilizing the investigational agent STI571.

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ADVERSE EVENTS ASSESSMENT

IND 61135	ADVERSE EXPERIENCE REPORT NO. 36
NSC 716051	IND Safety Report: Initial
STI571 (imatinib mesylate, Gleevec™)	Event: Gr. 3: Neuropathic pain
AE: 1794219	Protocol: AAML0123

The patient is a 16-year-old male with chronic myelogenous leukemia (CML) who experienced neuropathic pain while on a phase 2 trial utilizing the investigational agent STI571. He began his first course of treatment on June 12, 2006, receiving STI571 1300 mg/day PO divided into two doses (700 mg AM and 600 mg PM), every 4 weeks. He received the last dose of STI571 on the morning of June 18, 2006 (Cycle 1, Day 7).

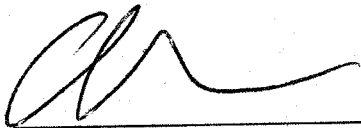
The patient was initially diagnosed with CML in May 2006 and was status post 2-weeks of hydroxyurea. He began the investigational therapy on June 12, 2006. On June 18, 2006, he was admitted to the hospital with a 36-hour history of progressively worsening jaw and tooth pain, which prevented him from eating or moving his mouth. The patient was taking Vicodin® at home with little relief. There was history of fever. The patient was treated with Miracle mouthwash, IV morphine and IV Toradol® for pain. The investigational agent was withheld starting that evening. A Panorex X-ray performed that day was normal. His condition improved, and morphine was discontinued on June 20, 2006. The patient was started on Vicodin® and discharged later that day. On June 22, 2006, he reported no further pain, and the investigational drug was restarted at 30% dose.

The patient's past medical history is significant for his disease only. Medications taken at the time of the event included Zofran® and Vicodin®.

There have been no other incidences of neuropathic pain reported to the NCI as serious adverse events under this IND. In this case, it is felt that the neuropathic pain was possibly related to STI571. There have been 2738 patients enrolled in NCI-sponsored clinical trials under this IND.

	Neuropathic pain
<u>STI571</u>	Possible
<u>Chronic myelogenous leukemia</u>	Unrelated

Date: 7/18/06

Signature: 
A. Dimitrios Colevas, M.D.
(IDB Monitor for STI571)

If this assessment is changed, we will notify your office.

cc: Clinical Safety & Epidemiology
Faith Williams
Novartis Pharmaceuticals Corporation