



# NCCTG

NORTH CENTRAL CANCER TREATMENT GROUP

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**Date:** February 20, 2009

**To:** NCCTG Primary Clinical Research Associates

**From:** Janis Wobschall  
Protocol Development Coordinator

**Re:** N027D, "A Phase I Study of CCI-779 and Temozolomide in Combination with Radiation Therapy in Glioblastoma Multiforme"

The purpose of this memorandum is to provide investigators with a recent report of an adverse event that has occurred in association with CCI-779 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\_1803957**

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 Janis Wobschall at [wobschall.janis@mayo.edu](mailto:wobschall.janis@mayo.edu) or 507-284-4852.

JW/kjm  
enclosure

**IND SAFETY REPORT: INITIAL WRITTEN REPORT**

**TO: Division of Biologic Oncology Products, Center for Drug Evaluation and Research, FDA**  
**Division of Drug Oncology Products, Center For Drug Evaluation and Research, FDA**

**FAX: 301-796-9849**  
**301-796-9845**

1. IND NUMBER <b>7921</b> <b>61010</b>	2. AGENT NAME <b>Bevacizumab (rhuMab VEGF)(704865)</b> <b>CCI-779 (temsirolimus, Torisel<sup>TM</sup>)</b>	3. DATE <b>November 25, 2008</b>
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4. SPONSOR  
**Division of Cancer Treatment and Diagnosis, National Cancer Institute**

5. REPORTER'S NAME, TITLE, AND INSTITUTION <b>Helen Chen, MD-Associate Branch Chief for Investigational Therapeutics 3, CTEP, DCTD, NCI</b> <b>L. Austin Doyle, MD-Senior Investigator for Targeted Therapeutics 2, Investigational Drug Branch, CTEP, DCTD, NCI</b>	6. PHONE NUMBER <b>301-496-1196</b>	7. FAX NUMBER <b>301-402-0428</b>
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8. PROTOCOL NUMBER (AE #)  
**GOG-0229G (AE# 1803957)**

9. PATIENT IDENTIFICATION <b>004-0229G-003</b>	10. AGE <b>54</b>	11. SEX <b>Female</b>
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12. DESCRIPTION OF ADVERSE EVENT  
**The patient is a 54-year-old female with endometrioid endometrial adenocarcinoma who experienced a grade 4 hypomagnesemia while on a phase 2 trial utilizing the investigational agents bevacizumab and temsirolimus. She began the investigational therapy on November 4, 2008, and received her first and last dose of bevacizumab (Cycle 1, Day 1) on that day and the last dose of temsirolimus on November 11, 2008 (Cycle 1, Day 8). On November 11, 2008, the patient presented to the clinic for Cycle 1, Day 8 investigational treatment with temsirolimus. She reported weakness, fatigue, and mild nausea. Her magnesium level drawn that day was 0.5 mg/dL (reference range: 1.5-2.5 mg/dL). Her baseline level drawn on October 24, 2008, was 1.8 mg/dL. On November 12, 2008, she received 4 gms of IV magnesium sulfate, and later that day her magnesium level had recovered to 1.9 mg/dL. She is due to return to the clinic for Cycle 1, Day 21 treatment on November 25, 2008. Additional information has been requested from the investigational site. There is a reasonable possibility that the experience may have been caused by the drug.**

13. DOSE, ROUTE, AND SCHEDULE  
**Cycle =28 Days.**  
**Temsirolimus 25 mg IV over 30 minutes on Days 1, 8, 15, and 22**  
**Bevacizumab 10 mg/kg IV over 30-90 minutes on Days 1 and 15**

14. DATES OF TREATMENT  
**The patient began the investigational therapy on November 4, 2008, and received the last dose of bevacizumab on November 4, 2008 (Cycle 1 Day 1), and temsirolimus on November 11, 2008 (Cycle 1, Day 8).**

15. ACCRUAL AND IND EXPERIENCE  
**Number of patients enrolled in NCI-sponsored clinical trials using bevacizumab = 18132, and for temsirolimus = 1374. There have been 30 other incidences of hypomagnesemia reported to the NCI through AdEERS as serious adverse events for bevacizumab; and no other incidences of hypomagnesemia reported to the NCI through AdEERS as a serious adverse event for temsirolimus.**

COMMENTS  
**AT THIS TIME, NO OTHER INFORMATION IS AVAILABLE. IF UPON FURTHER INVESTIGATION RELEVANT INFORMATION BECOMES AVAILABLE, THEN A FOLLOW-UP REPORT WILL BE SUBMITTED IN ACCORDANCE WITH 21CFR312.32(d)(2).**  
**DISCLAIMER per 21 CFR 312.32(e): THIS SAFETY REPORT DOES NOT NECESSARILY REFLECT A CONCLUSION OR ADMISSION BY THE CTEP IDB SENIOR INVESTIGATOR/ SPONSOR THAT THE INVESTIGATIONAL AGENT/THERAPY CAUSED OR CONTRIBUTED TO THE ADVERSE EXPERIENCE BEING REPORTED.**