



# NCCTG

NORTH CENTRAL CANCER TREATMENT GROUP

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**Date:** October 10, 2008

**To:** NCCTG Primary Clinical Research Associates

**From:** Alicia Elsing

**Re:** N0626, Phase II Randomized Study Pemetrexed With Sorafenib versus Pemetrexed Alone as Second-line Therapy in Patients With Advanced Non-Small Cell Lung Cancer

The purpose of this memorandum is to provide investigators with a recent report of an adverse event that has occurred in association with BAY43-9006 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\_1047408**

Please note that all risks currently cited in the NCCTG consent form cannot 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 Alicia Elsing at [elsing.alicia@mayo.edu](mailto:elsing.alicia@mayo.edu) or call 507/538-3893.

AE/kjm  
enclosure

**IND SAFETY REPORT: INITIAL WRITTEN REPORT**

# 18

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

**FAX: 301-796-9845**

1. IND NUMBER

**69896**

**61010**

2. AGENT NAME

**BAY 43-9006 tosylate (BAY 54-9085; sorafenib tosylate)**

**CCI-779 (temsirolimus, Torisel™)**

3. DATE

**September 23, 2008**

4. SPONSOR

**Division of Cancer Treatment and Diagnosis, National Cancer Institute**

5. REPORTER'S NAME, TITLE, AND INSTITUTION

**John Wright, MD, PhD – Associate Branch Chief for Targeted Therapeutics 2, Investigational Drug Branch, CTEP, DCTD, NCI**

**L. Austin Doyle, MD-Senior Investigator for Targeted Therapeutics 2, Investigational Drug Branch, CTEP, DCTD, NCI**

6. PHONE NUMBER

**301-496-1196**

7. FAX NUMBER

**301-402-0428**

8. PROTOCOL NUMBER (AE #)

**E2804 (1047408)**

9. PATIENT IDENTIFICATION

**28062**

10. AGE

**77**

11. SEX

**Male**

12. DESCRIPTION OF ADVERSE EVENT

**The patient was a 77-year-old male with renal cell carcinoma who died suddenly while on a phase 2 trial using the investigational agents: bevacizumab, sorafenib, and temsirolimus. He began the investigational therapy on August 13, 2008, and received the last dose of sorafenib on September 12, 2008 (Cycle 2, Day 2), and the last dose of temsirolimus on September 11, 2008 (Cycle 2, Day 1). On September 12, 2008, the patient was found on the bathroom floor of the nursing home without spontaneous respirations or pulse. After the patient was intubated and given atropine and epinephrine, he went into ventricular tachycardia. He was defibrillated with a pulseless electrical activity response and then went into asystole. Upon arrival to the emergency room resuscitation efforts were continued but the patient did not recover. Additional information has been requested. There is a reasonable possibility that the experience may have been caused by the drug.**

13. DOSE, ROUTE, AND SCHEDULE

**Cycle =28 days**

**Sorafenib 200 mg or placebo PO twice daily**

**Temsirolimus 25 mg IV over 30 minutes on days 1, 8, 15, and 22**

14. DATES OF TREATMENT

**The patient started the investigational therapy on August 13, 2008, and received the last dose of sorafenib on September 12, 2008 (Cycle 2, Day 2) and the last dose of temsirolimus on September 11, 2008 (Cycle 2, Day 1).**

15. ACCRUAL AND IND EXPERIENCE

**Number of patients enrolled in NCI-sponsored clinical trials using sorafenib = 4367, temsirolimus = 1312. There have been 20 other incidences of sudden death, and 26 incidences of death NOS reported to the NCI through AdEERS as serious adverse events for sorafenib and 3 other incidences of sudden death and 14 incidences of death NOS reported to the NCI through AdEERS as serious adverse events for temsirolimus.**

16. COMMENTS

**Bevacizumab was not administered on this treatment arm.**

**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 21CFR 312.32(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.**