



# NCCTG

NORTH CENTRAL CANCER TREATMENT GROUP

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**Date:** December 12, 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\_1642009**

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**

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

**FAX: 301-796-9845**

1. IND NUMBER  
**69896**

2. AGENT NAME  
**BAY 43-9006 tosylate (BAY 54-9085; sorafenib tosylate)**

3. DATE  
**October 24, 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**

6. PHONE NUMBER  
**301-496-1196**

7. FAX NUMBER  
**301-402-0428**

8. PROTOCOL NUMBER (AE #)  
**E2603 (1642009)**

9. PATIENT IDENTIFICATION  
**26572**

10. AGE  
**55**

11. SEX  
**Female**

12. DESCRIPTION OF ADVERSE EVENT  
**The patient was a 55-year-old female with melanoma who died suddenly while on a phase 3 trial using the investigational agent sorafenib or placebo in combination with carboplatin and paclitaxel. She began the investigational therapy on October 17, 2007, and received the last dose of sorafenib or placebo on October 19, 2008 (Cycle 15, Day 13). On October 19, 2008, the patient had laid down to take a nap and when her husband checked on her around midnight, he found that she had passed away. No autopsy was performed. 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  
**Sorafenib 400 mg or placebo PO BID on days 2-19, every 21 days.**

14. DATES OF TREATMENT  
**The patient started the investigational therapy on October 17, 2007, and received the last dose of sorafenib on October 19, 2008 (Cycle 15, Day 13).**

15. ACCRUAL AND IND EXPERIENCE  
**Number of patients enrolled in NCI-sponsored clinical trials using sorafenib = 4417.  
There have been 20 other incidences of sudden death and 25 other incidences of death NOS reported to the NCI through AdEERS as serious adverse events for sorafenib.**

16. COMMENTS  
**The following was also administered on this protocol:  
Paclitaxel: 225 mg/m<sup>2</sup> IV over 3 hours on Day 1, every 21 days; Last dose March 21, 2008.  
Carboplatin: AUC 6 IV over 30 min on Day 1, every 21 days; Last dose march 21, 2008**

**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.**