



# Case example from PUSH: LGFMS/SEF and immunotherapy

## EMA/EORTC Soft Tissue and Bone Sarcoma Group Joint Workshop

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**Dana-Farber**  
Cancer Institute



# Disclosures\*

## Consulting/Honoraria:

Aadi Bioscience, BioAtla, Boehringer-Ingelheim, Cogent Biosciences, Daiichi Sankyo, Deciphera Pharmaceuticals, Eli Lilly, InhibRx, Kymera Therapeutics, PharmaEssentia, Servier

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Aadi Bioscience, Boehringer-Ingelheim, Cogent Biosciences, Daiichi Sankyo, Deciphera Pharmaceuticals, Eli Lilly, Foghorn Therapeutics, Rain Therapeutics

## Board of Directors (uncompensated):

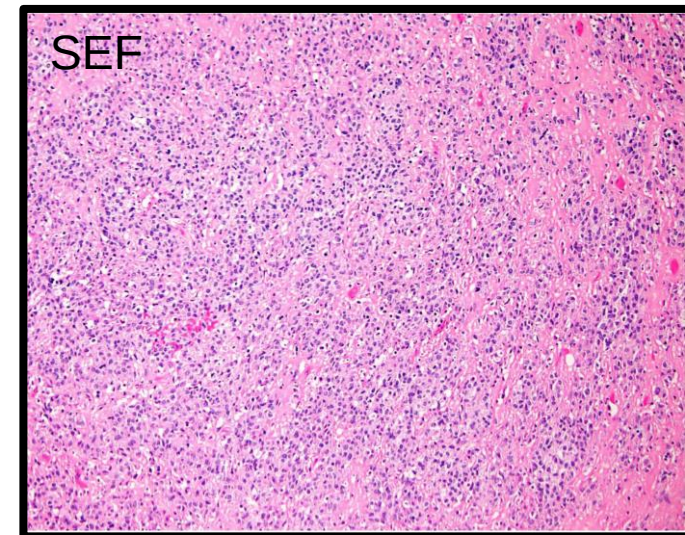
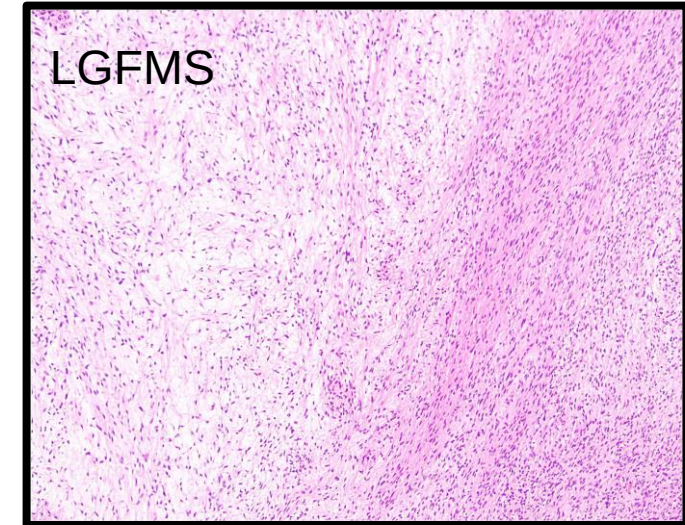
Sarcoma Alliance for Research through Collaboration (SARC)

\* Last 2 years



# Low-grade Fibromyxoid Sarcoma (LGFMS) and Sclerosing Epithelioid Fibrosarcoma (SEF)

- Distinct **ultra-rare sarcomas** that share morphologic, immunohistochemical, and molecular features
- LGFMS: low-grade sarcoma, young adults
  - MUC4 expression
  - *FUS::CREB3L2* in 90% of tumors
- SEF: older patients, high metastatic rate
  - MUC4 expression
  - *EWSR1::CREB3L1* in 60% of tumors
- As with other ultra-rare sarcomas, randomized studies are not feasible
- Three prior retrospective series (N=31, 12, and 10)





# Two Collaborative Retrospective Studies

- NETSARC+ series

- All prevalent patients in 26 NETSARC+ centers in France since 2010
- 330 total patients
- Limited number treated with systemic therapy
- Anthracyclines highest response rate
- From metastases, median PFS 18 months, median OS 43 months (SEF) and 65 months (LGFMS)

- Ultra-Rare Sarcoma Working Group/PUSH series

- Patients treated at 28 centers in Europe, North America, South America, Asia, and Australia since 2000
- 395 patients, 101 with metastatic disease, meeting defined entry criteria and treated with systemic therapy
  - 32 LGFMS, 50 SEF, 18 hybrid
- Anthracyclines longest PFS in hybrid disease; pazopanib in LGFMS and SEF
- 5/9 patients with SEF treated with **immunotherapy** observed to have prolonged stable disease



# Framework for Studying Ultra-Rare Sarcomas



- Defined criteria for retrospective series
- Historical reference group – with caveats
- Hypothesis generating

# Framework for Studying Ultra-Rare Sarcomas

## Prospective Interventional Study

- Defined patient population
- Small sample size
- Defined intervention
- Defined assessments
- Prospectively collected endpoints
- How to assess single arm study if no objective shrinkage of tumor?
- Can we use an external “control” group?



- Defined criteria for retrospective series
- Historical reference group – with caveats
- Hypothesis generating



# Framework for Studying Ultra-Rare Sarcomas



## Prospective Observational Study

- Defined patient population
- Slightly larger sample size
- Undefined intervention
- Defined assessments (SOC)
- Prospectively collected endpoints (SOC)

## Prospective Interventional Study

- Defined patient population
- Small sample size
- Defined intervention
- Defined assessments
- Prospectively collected endpoints
- How to assess single arm study if no objective shrinkage of tumor?
- Can we use an external “control” group?

- Defined criteria for retrospective series
- Historical reference group – with caveats
- Hypothesis generating



# Questions for Discussion:

1. Are prospectively collected data (as in a “registry”), outside of a defined clinical intervention, helpful in providing context for a comparative patient population?
2. Are there opportunities for meetings with the EMA and FDA to collaboratively develop feasible frameworks for collection of data from prospective observational studies, to be used to help support interpretation of single arm interventional studies in ultra-rare diseases?





**Thank you!**



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