Summary of Results for Laypersons

What was the Study Called?

A Phase II Open-label Rollover Study for Subjects that have Participated in a Linsitinib Trial

Why was this Study Needed?

This study was needed to allow patients with advanced cancer to continue their study treatment. Patients from 42 clinics who participated in earlier linsitinib studies took part in this study. In those earlier studies, the patients took linsitinib, erlotinib or a combination of linsitinib and paclitaxel.

Linsitinib (also known as OSI-906 and ASP7487) works by blocking 2 receptors: insulin-like growth factor-1 receptor and the insulin receptor. These receptors are found on the surface of many cancer cells. When these receptors are blocked, they can no longer help cancer cells grow or survive.

This study took place at 12 clinics in Brazil, Czech Republic, Germany, Poland, Singapore, Thailand and the US. The study started in April 2014 and ended in December 2016. The sponsor (Astellas) reviewed all the study information and created a report of the results. This is a summary of that report.

What Kind of Study was This and Who Took Part in it?

This was an "open-label" study. All patients knew what study medicines they took (linsitinib, erlotinib or a combination of linsitinib and paclitaxel).

Men and women with advanced cancer could be in the study if:

- They took part in an earlier linsitinib study ("parent study") that had ended.
- Their cancer did not get worse. They did not have unwanted effects they could not tolerate. And they agreed to continue their treatment after the parent study ended.
- The study doctor evaluated their cancer. The study doctor then determined that patients would benefit from continuing the study treatment.
- They used reliable birth control methods.

At the first study visit, patients were checked to see if they could be in the study. On day 1, patients who could be in the study took the same treatment that they had taken in their parent study. The treatments from the parent studies were as follows:

- 150 mg of linsitinib taken by mouth (oral dose) twice a day
- oral dose of 150 mg of erlotinib once a day
- oral dose of 150 mg of linsitinib twice a day and paclitaxel as a weekly intravenous infusion via a small cannula (needle) inserted into an arm vein
- oral dose of 150 mg of linsitinib twice a day for 28 days (each cycle)

Patients were to take study treatment until their cancer got worse, they had unwanted effects they could not tolerate, they asked to stop treatment or until the linsitinib was past its expiration date.

A total of 13 patients were in the study and took at least 1 dose of study medicine.

- 2 patients took 150 mg of linsitinib twice a day.
- 8 patients took 150 mg of erlotinib once a day. One of the 8 patients was counted in error as having taken 150 mg of erlotinib once a day. This patient actually took 150 mg of linsitinib twice a day and 150 mg of erlotinib once a day.
- 2 patients took 150 mg of linsitinib twice a day plus a weekly intravenous infusion with paclitaxel.
- 1 patient took 150 mg of linsitinib twice a day for 28 days (each cycle).

	Number of Patients (out of 13 Patients)
Age Group	
Aged 47 to 78 years	13
Sex	
Men	2
Women	11
Clinic Location	
European Union Countries	5
Czech Republic	1
Germany	2
Poland	2
Outside European Union	8
Brazil	1
Singapore	1
Thailand	1
The US	5

What Were the Study Results?

This study allowed patients to continue the study treatment from their earlier linsitinib study.

Every 12 weeks the patients returned to the clinic for a check-up. The study doctor evaluated if the study treatment was still beneficial for the patients. CT or MRI scans were used for evaluation of the patients' cancer site(s) according to the practice of the clinic. (A CT scan combines X-ray images from different angles to create pictures on a computer of slices of structures inside the body. An MRI scan uses a large magnet and radio waves to create pictures on a computer of structures inside the body.)

The study ended after 32 months of treatment when the linsitinib was past its expiration date. Patients who were still in the study by then received other cancer treatment from the study doctor. Some patients discontinued the study earlier because their cancer got worse.

What Adverse Reactions did Patients Have?

A lot of research is needed to know whether a medicine causes a medical problem. So when new medicines are being studied researchers keep track of all medical problems that patients

have while they are in the study. These medical problems are called "adverse events" and are recorded whether or not they might be caused by the treatment taken. An "adverse reaction" is any medical problem or "adverse event" that is judged by the study doctor to be possibly caused by a medicine or treatment used in the study.

The table below shows the most common adverse reactions experienced by at least 2 patients who took at least 1 dose of study medicine. Two patients who took linsitinib and none of the other patients had calf cramps. This is an expected adverse reaction with the use of linsitinib.

At least 2 patients who took erlotinib and none of the other patients had diarrhea, skin rash caused by study medicine and dry skin.

Adverse Reaction	**Linsitinib (out of 2 patients)**	**Erlotinib (out of 8 patients)**	**Linsitinib and Paclitaxel (out of 2 patients)**	**Linsitinib (out of 1 patient)**
Calf cramps	2 (100%)	0	0	0
Diarrhea	0	2 (25.0%)	0	0
Skin rash caused by study medicine	0	4 (50.0%)	0	0
Dry skin	0	2 (25.0%)	0	0

An adverse reaction is considered "serious" when it is life-threatening, causes lasting problems or needs hospital care.

One patient experienced a serious adverse reaction (extremely high blood pressure). This patient took 150 mg of linsitinib twice a day.

Where Can I Learn More About This Study?

This summary of the clinical study results is available online at http://www.astellasclinicalstudyresults.com.

Please remember that researchers look at the results of many studies to find out how well medicines work and which adverse reactions they might cause. If you have questions about linsitinib, please discuss these with your doctor.

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