S2408

Population
- Patients undergoing distal pancreatectomy
- Malignancy or lesion with malignant potential (e.g. IPMN)

Intervention
- Single dose of Lanreotide (120mg) SQ pre-op

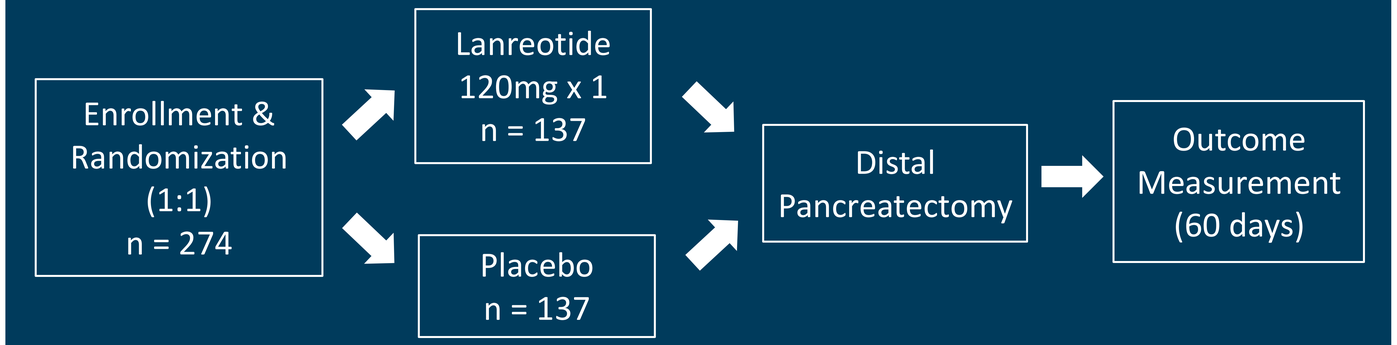
Control
- 0.5cc normal saline SQ

Outcome(s)
- Postoperative Pancreatic Fistula *(ISGPS 2016)*
- Biochem leak, Hospital Length of Stay, QLQ-C30

SWOG CANCER RESEARCH NETWORK

THE HOPE FOUNDATION FOR CANCER RESEARCH

Single Injection May Prevent Pancreas Leak



Ask Me About:
- Using an unmatched placebo (A SWOG first!)
- How the ESITC changed this trial
- How The Hope Foundation made this possible (Coltman)
- Surgeons in SWOG

swog.org/S2408

clinicaltrials.gov

Study Chair:
Jonathan G. Sham, MD, MBEE

Co-Chair:
Venu G. Pillarisetty, MD

Sponsoring Committee Chair
Robert S. Krouse, MD

NCORP Co-Chair
G. Paul Wright, MD

Surgery Committee Chairs
Syed Ahmad, MD
Flavio Rocha, MD

ALLIANCE Champion
Bradley Reames, MD

ECOG-ACRIN Champion
Brett Ecker, MD

Biostatisticians
Katherine A Guthrie, PhD
Kathryn Arnold, MS

Executive officer
Virginia Sun, PhD, RN

Questions?
Email: jsham@uw.edu

UW Medicine HPB SURGERY

Fred Hutch Cancer Center

Clinical trial summary (S2408)

Lanreotide versus Placebo Before Surgery to Prevent a Surgical Complication Called a Pancreatic Fistula

What is the purpose of this clinical trial?

This trial is for people who will have a type of surgery called a **distal pancreatectomy**. This surgery removes part of the pancreas to treat pancreatic tumors.

The goal of this study is to learn if giving people a medicine called **lanreotide** before surgery can help prevent a complication called a **pancreatic fistula** after surgery. A pancreatic fistula happens when the pancreas has a small leak, which can cause serious problems.

Most people having this surgery don't receive any medicine to prevent pancreatic fistulas.

This trial is set up to find out if giving patients lanreotide before the surgery can:

- Help prevent pancreatic fistulas
- Lead to shorter hospital stays
- Help improve quality of life

Why is this trial important?

Pancreatic fistulas can lead to other serious problems and may cause delays in other cancer treatments that patients need. This trial will help researchers find out if it's possible to lower people's risk of pancreatic fistulas so they have an easier recovery and better quality of life after surgery.

Who can be in this trial?

This trial is for adults age 18 or older.

This trial is for people who:

- Have pancreatic cancer or a growth on the pancreas
- Will have surgery to remove part of the pancreas

This trial is not for people who:

- Have malabsorption syndrome
- Were treated with radiation or peptide receptor radionuclide therapy (PRRT)
- Were treated with a somatostatin analogue (like lanreotide or octreotide) in the last 6 months
- Are pregnant or breastfeeding — or may become pregnant within 6 months after surgery

What treatments will I get?

A computer will randomly assign you to one of 2 study groups.

Group 1: lanreotide	**Group 2:** placebo
1 injection (shot) of lanreotide shortly before surgery	1 injection (shot) of placebo shortly before surgery

A **placebo** is something that looks like the study drug but contains no medicine. The placebo in this study is a mix of salt and water.

You won't know whether you get lanreotide or a placebo — and your doctor won't know either. This helps make sure the study results are fair and reliable.

How long will I be in the trial?

Most of the study will take place within **2 months** of your surgery. During this time, you'll fill out a few short surveys about your quality of life. The study team may check in with you for **up to 1 year** after your surgery to see how you're doing.

Are there costs? Will I get paid?

You won't need to pay for the lanreotide or placebo you'll receive in the study. To learn more about what costs will and won't be covered, talk with your health care provider and insurance provider.

You will not be paid for joining the study.

Where can I find more information about this trial?

- Talk with your health care provider
- Call the National Cancer Institute at **1-800-4-CANCER**
- Go to www.ClinicalTrials.gov and search the national clinical trial number: **NCT06807437**
- For a list of trial locations, visit swog.org/NCI-S2408

Key information This trial is for adults 18 years or older being

Protocol number: S2408

Full trial title: A Randomized Phase III Blinded Trial of Lanreotide for the Prevention of Postoperative Pancreatic Fistula

NCT number: NCT06807437

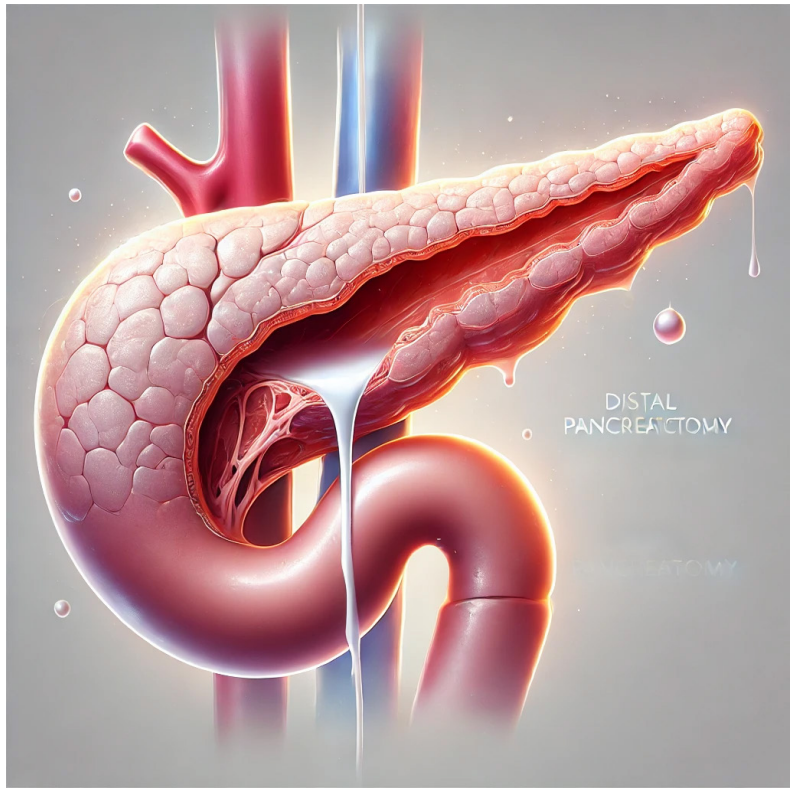
Trial sponsor: SWOG Cancer Research Network

Publishing date: March 17, 2025

Thank you!

When you join a clinical trial,
you're moving cancer medicine and patient care forward.

S2408: A Randomized Phase III Multicenter Trial of Lanreotide for the Prevention of Postoperative Pancreatic Fistula



Jonathan G. Sham, MD, MBEE
National Study Chair
May 1, 2025

SWOG CANCER RESEARCH NETWORK

Welcome
to the
S2408 Kick-Off Meeting

This trial is part of the National Clinical Trials Network program, which is sponsored by the NCI. The trial will be led by SWOG with the participation of the network of NCTN organizations: Alliance for Clinical Trials in Oncology; ECOG-ACRIN Cancer Research Group; and NRG Oncology.

Agenda

Study Overview: Background, Design and Statistical Considerations	Jonathan G. Sham, MD, MBEE and Katherine Guthrie, PhD

Implementation and Site Feasibility Considerations:
• Blinded vs Unblinded Team Roles and Responsibilities
• Study Drug Administration Timing and Site Workflows
• Data Submission Requirements by Participant Treatment
• Additional Study-Specific Procedures:
  • Participant Questionnaires
  • Specimen Collection & Submission Logistics
• Special Considerations for Participating Sites
	Kim Carvalho and Roxanne Topacio

Open Forum Discussion: • Question & Answer • Site Feedback	All Meeting Participants

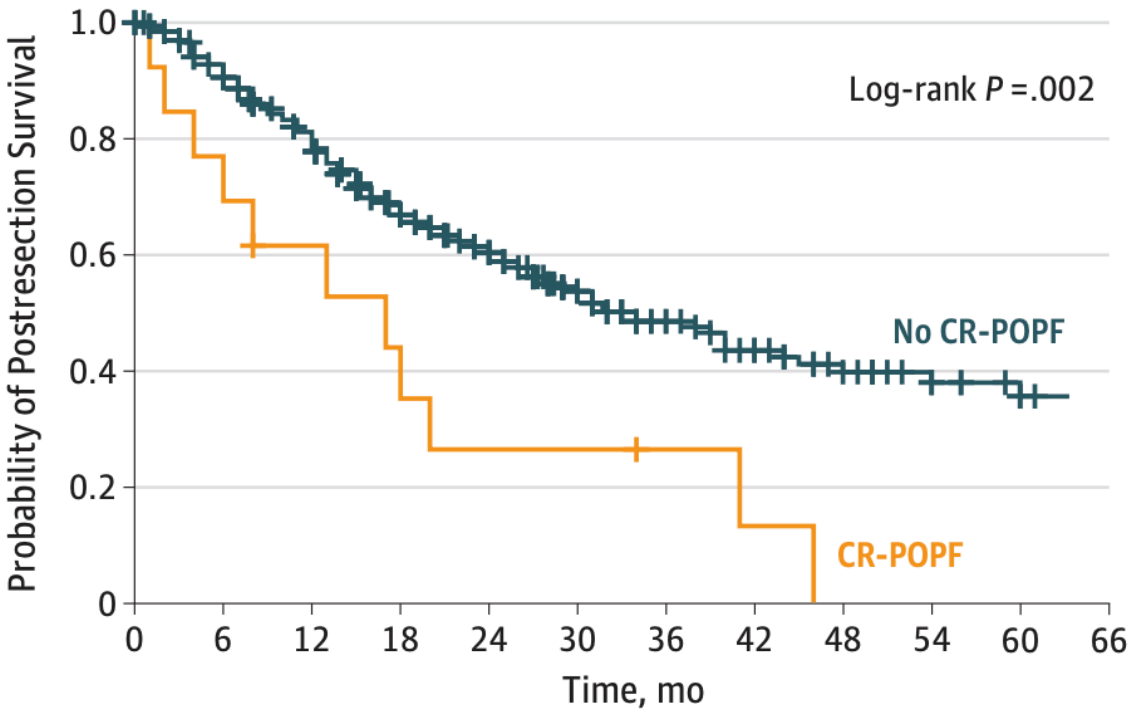
Background

POPF – The ”Achilles heel” of Pancreatectomy

- Doubles direct healthcare costs
- Decreased quality of life
- Delays chemotherapy
- Decreased Overall Survival

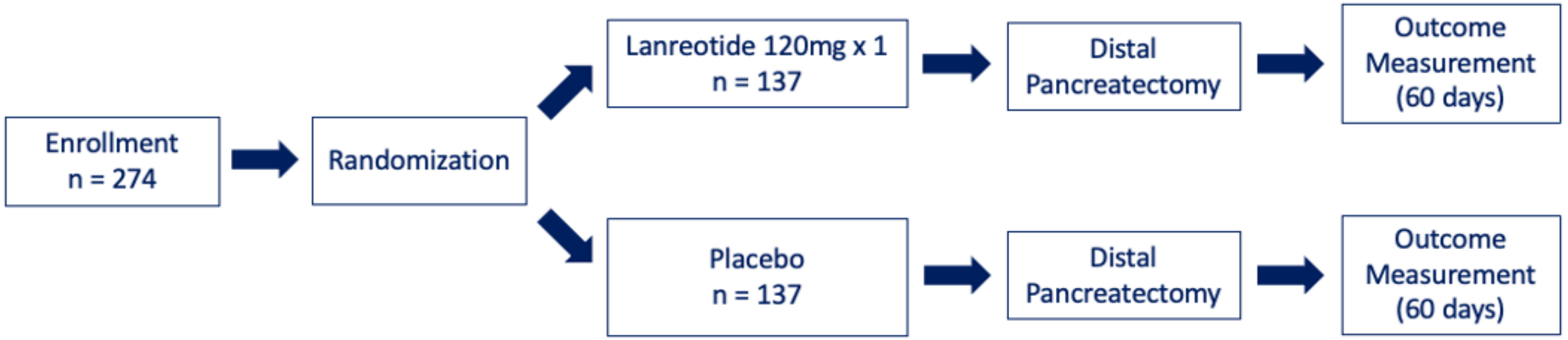
Table 4. Multivariate Analysis for OS in Patients Receiving NAT

Variable	HR (95% CI)	*P* Value
CR-POPF	2.80 (1.44-5.45)	.002
Tumor size	1.02 (1.01-1.03)	<.001
Tumor grading	NA	.35
Nodal status		
1	1.61 (1.07-2.42)	.02
2	2.05 (1.19-3.55)	.001
R1 status	1.88 (1.28-2.76)	.001
Adjuvant treatment	0.62 (0.42-0.93)	.02
CA19-9 ≥ 400 U/mL	2.74 (1.70-4.42)	<.001

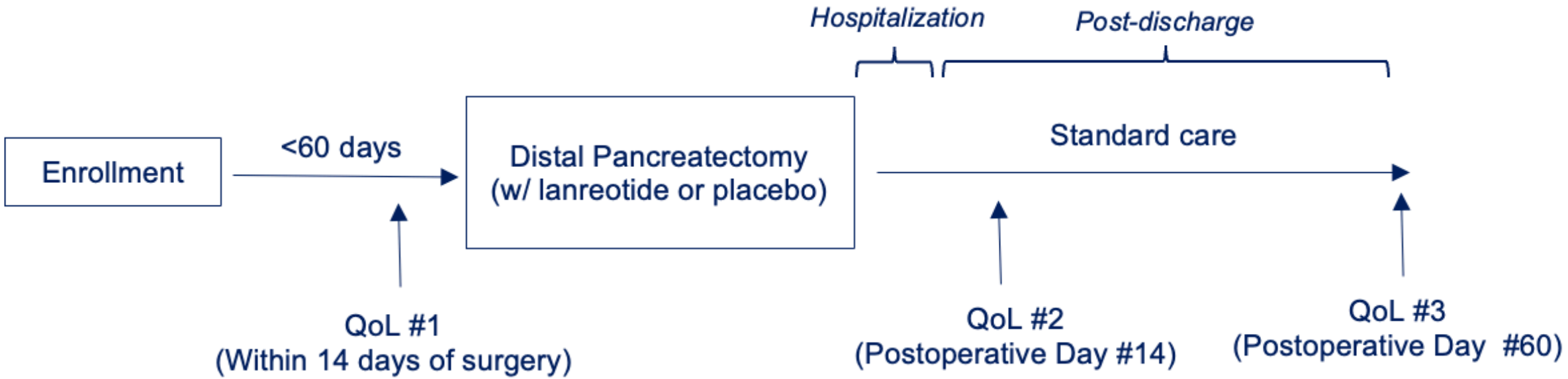


Design

Schema & Objectives



Study Timeline



Outcomes

Primary Outcome
- POPF (ISGPS Grade B/C)

Secondary Outcomes
- ISGPS Biochemical Leak
- Hospital Length of Stay
- QoL (EORTC C30)

Exploratory Outcomes
- ISGPS PPH, ISGPS DGE
- Time to initiation of chemotherapy
- Hospital readmission

Planning for later analysis:
- Cost effectiveness
- Translational studies (tissues blocks and serum samples x 3)

Eligibility

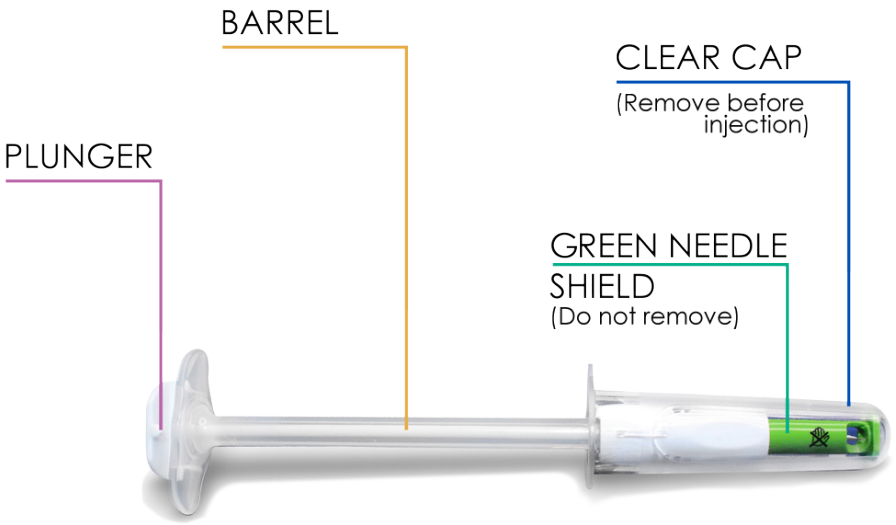
Inclusion Criteria

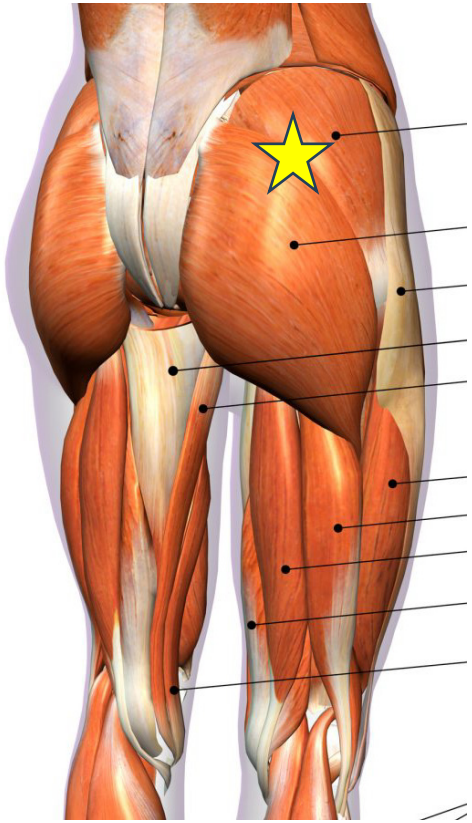
- Must meet all criteria in Section 5
- Planned elective distal pancreatectomy within 60 days
- Histologic or radiographic diagnosis of malignancy
- Pancreas lesion with malignant potential
- >18y/o

Exclusion Criteria

- Prior treatment with SSA within 6 mo
- Radiation therapy
- Indication for surgery is pancreatitis
- Malabsorption syndromes
- Cr Clearance <30ml/min
- Prior treatment with PRRT
- Modified Appleby procedure
- Planned Multivisceral resection

Placebo Plan *(a SWOG first!)*





18G needle

0.5cc volume

Goal:

Clinical Team and *Patient* blinded

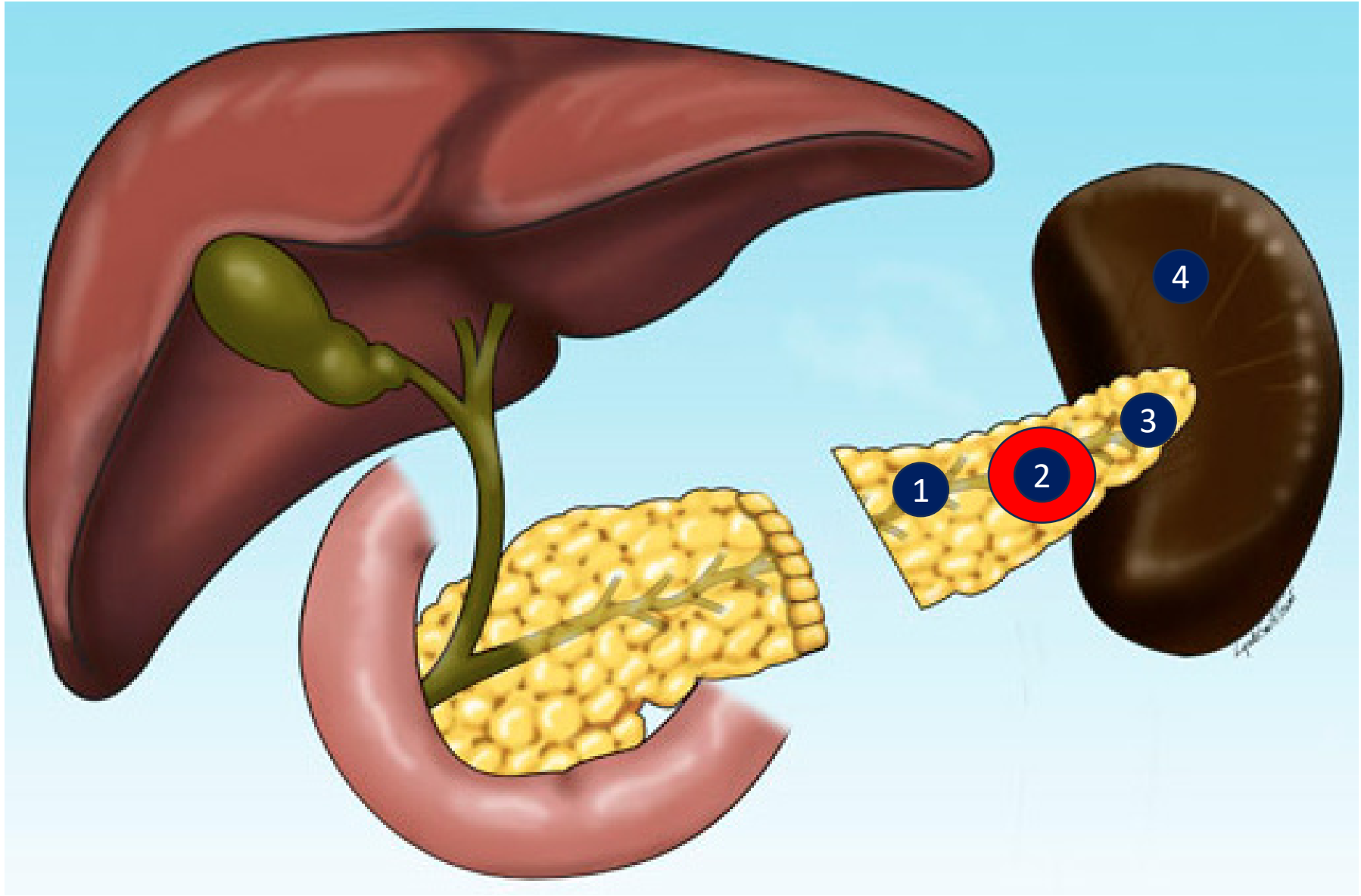
Limitation:

Non-matching placebo

How To?

- May be slightly different at each site
- Administered by Unblinded Research Team member

Biospecimen Collection



Serum:
- Preop
- POD1
- POD3
- Discharge

Drain Fluid:
- POD1
- POD3
- Discharge

Statistical Considerations

Statistics/Feasibility

Sample Size and Power Calculations

- CR-POPF - 20% vs 7%
- 246 total patients (123 per arm) – 85% power, 1-sided alpha 0.025
- 10% dropout rate -> 274 total enrollment
- Stratified by planned drain placement

Feasibility

- 90% of patients met inclusion criteria (Phase II)
- Contacted high volume centers – 6 pts/month (est. 20% enrollment)
- Addition of other centers - est. accrual 2.5 years

Implementation and Site Feasibility Considerations

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Blinded vs Unblinded Team Members & Roles

Who Are Unblinded Research Team Members?

- Anyone directly involved in administering the injection or completing any other activity that requires or allows the staff member to be aware of the patient's treatment assignment.
- This may include research staff (e.g., research nurse, pharmacist, research coordinator).
- Unblinded research team members should never complete any activities assigned to the Blinded Clinical Care Team (i.e., patient care).

Key Rule: Never reveal the study drug assignment to:

- Blinded Clinical Care Team Members
- Participants
  - **Note**: Pre- and post-op care team, surgeon, and blinded research staff may NOT be on the Unblinded Research Team.

Who Are Blinded Clinical Care Team Members?

- Anyone directly involved in patient care that does not need to know the patient's treatment assignment to administer care.
- This may include surgeons, clinical care team members, and research staff.
- Blinded research team members should never be made aware of the patient's treatment assignment
- They should never complete any activities assigned to the Unblinded Research Team (e.g., study drug administration).

- **Key Rule:** Must not know, infer, or attempt to discover the participant's study drug assignment (lanreotide or saline injection).
  - **Note**: Immediately document and report to the SWOG SDMC if a Blinded team member either accidentally or purposefully learns of the patient's treatment assignment.

Key Roles / Responsibilities

Task/Access	Blinded Clinical Care Team	Unblinded Research Team
Staff Group	Likely research staff, but could also be clinical care/surgical staff	May be from surgical group, clinical care staff, or inpatient staff (requires additional CLASS training and Rave permissions)
Informed Consent	X	X
Registration in CTSU OPEN		X
Administer QOL	X	
Confirm unblinded treatment		X
Administer study drug injection		X
Specimen Collection	X (post-drain placement)	X (pre-injection)
Rave Access Required	X	X
Data Entry	X	X
Audit Support	X	X

S2408 Training Courses and Materials

Accessible via CTSU: required training courses cover roles and responsibilities in detail

S2408 has 2 protocol-specific requirements for training that must be completed for the site to receive CTSU approval for participant registration in OPEN:

- At least **TWO** Blinded Clinical Care Team Members must complete the "**S2408** Required Placebo Utilization and Blinding Procedures Training for Blinded Clinical Care Team Members."

  AND

- At least **TWO** Unblinded Research Team Members must complete the "**S2408** Required Placebo Utilization and Blinding Procedures Training for Unblinded Research Team Members."
  - **Note:** At least 14 days prior to registering its first participant, each participating site must email the completed **S2408** Unblinded Site Staff form to cancercontrolquestion@crab.org. It will allow the SDMC to provide appropriate permission in Rave for the unblinded site staff. The **S2408** Unblinded Site Staff form is located on the CTSU website.

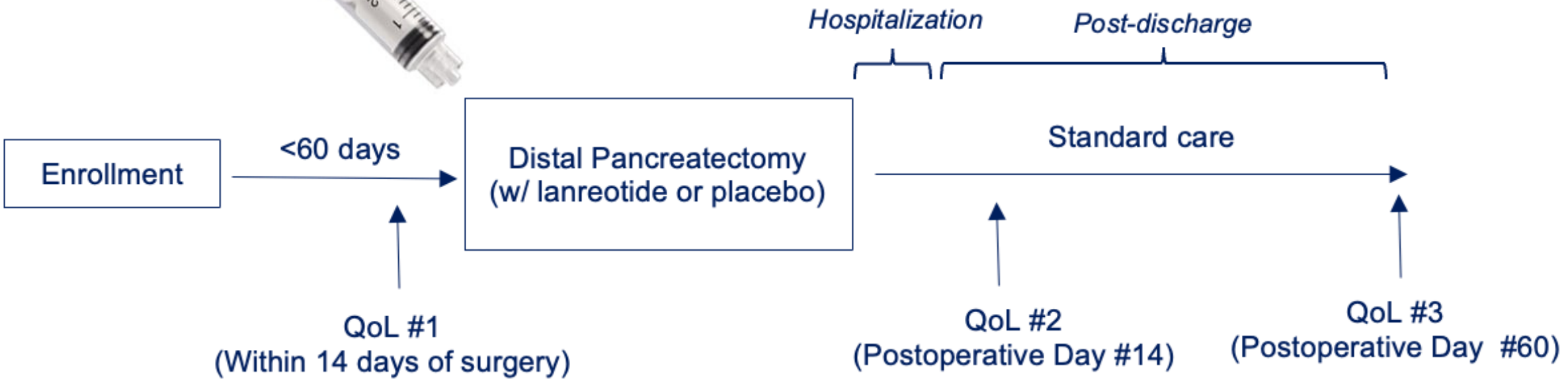
Optional Site Initiation Overview course, accessible via CTSU CLASS:

- SWOG: S2408 Optional Site Initiation Training

Drug Administration Timing & Site Workflows

Participant Workflows, Drug Administration, & Timing Considerations

Allow up to 5 business days for study drug to arrive
after the Drug Order Request Form is submitted.



Data Submission Requirements: Dependent on Participant Treatment

Data Submission Time Points

Received Distal Pancreatectomy (DP)

- Registration/Randomization
- Distal Pancreatectomy
- 14 days post surgery
- 60 days post surgery
- 4 months post surgery
- 8 months post surgery
- 12 months post surgery

Other (no DP, missed injection, etc)

- Registration/Randomization
- Surgery other than DP/no surgery
- 60 days after other than DP/no surgery
- 4 months post surgery
- 8 months post surgery
- 12 months post surgery

Participant Completed Questionnaires

- **S2408** EQ-5D-5L
- **S2408** EORTC QLQ-C30
- **S2408** EORTC QLQ-PAN26

Assessment Schedule (3 timepoints for all questionnaires):

- Baseline (within 15 days prior to planned distal pancreatectomy and before injection with lanreotide or placebo)
  - **Note:** Patients who did not have a distal pancreatectomy do not complete questionnaires after baseline.
- 14 days after distal pancreatectomy (+/- 3 days)
- 60 days after distal pancreatectomy (+/- 7 days)

Additional Study-Specific Procedures

Specimen Collection and Submission

Specimen Type	Amount	Timepoint	Shipping Instructions	Ship To:
Whole blood	10 ml	Pre-injection	Batch ship within 3 months	SWOG Specimen Repository: Solid Tissue, Myeloma and Lymphoma Division, Lab #201
		Post-Op Day 1		
		Post-Op Day 3		
Pancreas fluid	10 ml	Post-Op Day 1	Batch ship within 3 months	
		Post-Op Day 3		
Pancreatic tissue from Zones 1-4	6-10mm^3	Surgery	Submit w/in 30 days after distal pancreatectomy	

Special Considerations

Considerations for Feasibility Assessment and Implementation Planning

- Staffing
- Screening, Consent, and Registration
- Coordination between surgical team/clinical staff and research staff
  - Confirming if Unblinded Research Team Members will have pre-surgical access to patient to administer study drug
  - Designated blinded and unblinded staff
  - Maintaining the blind
- Study drug administration
- Additional study procedures

Study Contacts

Eligibility, RAVE, Data Submission:	SWOG Statistics and Data Management Center E-mail: cancercontrolquestion@crab.org or Phone: 206-652-2267
Regulatory, Protocol, Informed Consent:	SWOG Operations Office E-mail: protocols@swog.org or Phone: 210-614-8808
Medical Queries (treatment or toxicity related questions):	Contact Dr. Jonathan Sham at: 206-685-5662 / jsham@uw.edu or Dr. Venu Pillarisetty at: 206-598-3000 / vgp@uw.edu
Specimen Tracking System (STS) Amendments, Errors, Connectivity Issues and Technical issues with the SWOG CRA Workbench:	technicalquestion@crab.org
Access to iMedidata Rave or Delegation of Task Log (DTL), Oncology Patient Enrollment Network (OPEN) questions	See Protocol Sections 14.3 or 13.5 or contact the CTSU Help Desk at: Phone: 1-888-823-5923 or Email: ctsucontact@westat.com
Serious Adverse Event Reporting questions:	See Protocol Sections 8.4-8.6 or Email: adr@swog.org

Thank you