AWARD NUMBER: W81XWH-16-1-0103

TITLE: Phase 2 Study of AZD2014, a Dual mTORC1/mTORC1 Inhibitor, for NF2 Patients with Progressive or Symptomatic Meningiomas

PRINCIPAL INVESTIGATOR: Scott Plotkin, MD, PhD

CONTRACTING ORGANIZATION: Massachusetts General Hospital (The General Hospital Corp) Boston, MA 02114-2696

REPORT DATE: JUNE 2018

TYPE OF REPORT: Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release; Distribution Unlimited

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

Form Approved		Form Approved	
REPORT DOCUMENTATION PAGE		OMB No. 0704-0188	
Public reporting burden for this collection of information is	estimated to average 1 hour per response, including the time for reviewing instruction	ons, searching existing data sources, gathering and maintaining the	
data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-			
4302. Respondents should be aware that notwithstanding	g any other provision of law, no person shall be subject to any penalty for failing to co		
valid OMB control number. PLEASE DO NOT RETURN			
1. REPORT DATE JUNE 2018	2. REPORT TYPE	3. DATES COVERED 15MAY2017 - 14MAY2018	
4. TITLE AND SUBTITLE	Annual Report		
	a Dual mTORC1/mTORC1 Inhibitor,	5a. CONTRACT NUMBER	
	gressive or Symptomatic Meningiomas		
IOI NFZ FACIEIIUS WICH FIOG	gressive of symptomatic Meningromas		
		5b. GRANT NUMBER	
		W81XWH-16-1-0103	
		5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S)		5d. PROJECT NUMBER	
Scott R. Plotkin, MD, PhD			
		5e. TASK NUMBER	
		5f. WORK UNIT NUMBER	
E-Mail: splotkin@partners.org			
7. PERFORMING ORGANIZATION NAME	(S) AND ADDRESS(ES)	8. PERFORMING ORGANIZATION REPORT	
Massachusetts General Hosp		NUMBER	
Boston, Massachusetts 021	114-2554		
9. SPONSORING / MONITORING AGENC	Y NAME(S) AND ADDRESS(ES)	10. SPONSOR/MONITOR'S ACRONYM(S)	
U.S. Army Medical Research and Materiel Command			
Fort Detrick, Maryland 21702-501	2	11. SPONSOR/MONITOR'S REPORT	
		NUMBER(S)	
12. DISTRIBUTION / AVAILABILITY STATEMENT			
Approved for Public Release; Distr	ibution Unlimited		
42 SUDDI EMENTADY NOTES			
13. SUPPLEMENTARY NOTES			
14. ABSTRACT			
Meningiomas are common in neurofibromatosis 2 (NF2) patients with a cumulative incidence of			
80% by 70 years of age. Meningiomas that progress despite surgery and radiation are an			
important unmet medical need for these patients. To date, no chemotherapy has demonstrated			
efficacy against NF2-related meningiomas. Our laboratory studies have shown that treatment			
of primary meningioma cells with AZD2014, a mTORC1/mTORC2 inhibitor, leads to decreased cell			
viability/proliferation. Thus, we hypothesize that AZD2014 will be effective in treating			
symptomatic or progressive meningiomas in NF2 patients. In this single arm, non-comparative,			
phase II trial, 18 patients will be treated with AZD2014 for recurrent or progressive			
intracranial meningioma. AZD2014 will be administered on a repeating basis at a dose of 125			
mg twice daily for two consecutive days out of every seven days (1 cycle = 28 days).			
Treatment will continue until disease progression or intolerable side effects. An MRI of the			
Treatment will continue until disease progression or intolerable side effects. An MRI of the			

brain, with and without contrast, will be obtained every 12 weeks to assess for disease response or stability using volumetric measurements. In year 2, 4 additional subjects were enrolled on the study and accrual was completed well in advance of the anticipated 30 months. Data analysis will begin in year 3 of the study.

15. SUBJECT TERMS					
Meningioma; m	TORC; vistuser	tib; neurofibro	omatosis 2		
16. SECURITY CLASSIFICATION OF:		17. LIMITATION	18. NUMBER	19a. NAME OF RESPONSIBLE PERSON	
			OF ABSTRACT	OF PAGES	USAMRMC
a. REPORT	b. ABSTRACT	c. THIS PAGE			19b. TELEPHONE NUMBER (include area
			Unclassified	7	code)
Unclassified	Unclassified	Unclassified			

Standard Form 298 (Rev. 8-98) Prescribed by ANSI Std. Z39.18

Table of Contents

Page

1. Introduction	5
2. Keywords	
3. Accomplishments	5
4. Impact	6
5. Changes/Problems	6
6. Products	6
7. Participants & Other Collaborating Organization	6
8. Special Reporting Requirements	7
9. Appendices	7

INTRODUCTION

Neurofibromatosis 2 (NF2) is a neurogenetic tumor suppressor syndrome with a birth prevalence of 1 in 25,000 to 1 in 33,000. Patients with NF2 are at increased risk for multiple tumor types, including schwannomas, meningiomas, and ependymomas. Meningiomas are common in NF2 patients with a cumulative incidence of 80% by 70 years of age without a clear gender bias. Meningiomas that progress despite surgery and radiation are an important unmet medical need for these patients. To date, no chemotherapy has demonstrated efficacy against NF2-related meningiomas, and therefore, effective salvage therapies are greatly needed. Our laboratory studies have shown that treatment of primary meningioma cells with AZD2014, a mTORC1/mTORC2 inhibitor, leads to decreased cell viability/proliferation. Thus, we hypothesize that AZD2014 will be effective in treating symptomatic or progressive meningiomas in NF2 patients. In this single arm, non-comparative, phase II trial, 18 patients will be treated with AZD2014 for recurrent or progressive intracranial meningioma. AZD2014 will be administered on a repeating basis at a dose of 125 mg twice daily for two consecutive days out of every seven days (1 cycle = 28 days). Treatment will continue until disease progression or intolerable side effects. An MRI of the brain, with and without contrast, will be obtained every 12 weeks to assess for disease response or stability using volumetric measurements.

KEYWORDS

Neurofibromatosis 2; meningioma; mTOR; TORC1; TORC2

ACCOMPLISHMENTS

This section describes the key research accomplishments associated with each task outlined in the approved Statement of Work during the grant.

Major Task 1. Obtain institutional approval for proposed clinical trial (months 1-6)

In year 1, we obtained IRB approval at MGH and USAMRMC Human Research Protection Office (HRPO) to enroll subjects in the clinical trial. The following subtasks were completed during the first 4 months of the study.

	Projected Timeline (month)	Actual Timeline (month)
Refine eligibility criteria, exclusion criteria, screening protocol	1	1
Finalize consent form & human subjects protocol	1	1
SRC** protocol submission	1-3	1
IRB** protocol submission	1-3	1
Submit Investigational New Drug (IND) application to the U.S. Food and Drug Administration	4	1
Submit for Military 2nd level IRB** review (ORP/HRPO)	5	3
Local SRC/IRB approval	5	4
HRPO approval	6	4

All stated goals for Major Task 1 are complete.

Major Task 2. Enroll subjects in clinical trial (month 7-36)

In year 1, we projected that 4/18 subjects would be enrolled on the clinical trial. As of 5/30/2017, a total of 14/18 subjects have been enrolled on the clinical trial. The last 4 subjects were enrolled by the end of quarter 1, year 2. Overall, the clinical trial enrollment was complete about 17 months ahead of schedule.

Major Task 3. Perform genetic and immunohistochemical analysis (months 7-36)

A second aim of the study is to perform molecular analyses of tumors and blood for correlation with response to AZD2014.

We have collected archival meningioma specimens in all 18 subjects enrolled on the study to date. In addition, blood samples from all 18 subjects are available and stored for analysis.

In year 3, we will perform genetic analyses on all available tumor tissue and blood for patients enrolled in this study by sequencing *NF2*, as well as performing immunohistochemical analyses of pS6 (as mTORC1 readout), pNDRG1, pAKT (as mTORC2 readout). This will enable analysis of drug response by a particular genetic mutation of *NF2*, mTORC1/mTORC2 activation status in meningiomas.

Major Task 4. Data analysis and presentation of results (months 12-48)

During year 2, all subjects were accrued to the clinical study. In year 3, we will begin data analysis with a goal of presenting results when appropriate. We anticipate presenting results at successful scientific conferences as the data matures.

IMPACT

Nothing to report at this point in the study.

CHANGES/PROBLEMS

Nothing to report.

PRODUCTS

Nothing to report

PARTICIPANTS

Name Project Role Nearest person-month worked Contribution to project	Scott Plotkin, MD, PhD Principal Investigator 2 Dr. Plotkin serves a leadership role on this project and is coordinating the administrative and clinical aspects of the trial.
Funding support	N/A
Name Project Role Nearest person-month worked Contribution to project	Vijaya Ramesh, PhD Co-Investigator 2 Dr. Ramesh is the head of the research laboratory responsible for the correlative studies in this trial. She provides the laboratory infrastructure for genetic and immunohistochemical analysis of blood and tumor specimens.
Funding support	N/A
Name Project Role Nearest person-month worked Contribution to project	Justin Jordan, MD, MPH Co-Investigator 1 Dr. Jordan is a clinical specialist who has

Funding support	treated subjects on clinical trial, assisted with the administrative responsibilities of the study, and is helping to ensure that tissues are received in Dr. Ramesh's laboratory. N/A
Name	Alona Muzikansky, MA
Project Role	Statistician
Nearest person-month worked	1
Contribution to project	Ms. Muzikansky has provided statistical support for the clinical trial.
Funding support	N/A
Name	Nicola Gribbin, RN
Project Role	Research Nurse
Nearest person-month worked Contribution to project	1 Ms. Gribbin has performed the duties of a research nurse in this study, helping with subject assessments, management of toxicity, and dispensing of AZD2014.
Funding support	N/A
Name Project Role Nearest person-month worked Contribution to project	Annie Sposato Clinical research coordinator 1 Ms. Sposato has coordinated the
Funding support	scheduling for subjects enrolled on the study. N/A

No other organizations were involved as partners.

SPECIAL REPORTING REQUIREMENTS

Not applicable

APPENDICES

None