Clinical Study Synopsis

This Clinical Study Synopsis is provided for patients and healthcare professionals to increase the transparency of Bayer's clinical research. This document is not intended to replace the advice of a healthcare professional and should not be considered as a recommendation. Patients should always seek medical advice before making any decisions on their treatment. Healthcare Professionals should always refer to the specific labelling information approved for the patient's country or region. Data in this document or on the related website should not be considered as prescribing advice.
The study listed may include approved and non-approved formulations or treatment regimens. Data may differ from published or presented data and are a reflection of the limited information provided here. The results from a single trial need to be considered in the context of the totality of the available clinical research results for a drug. The results from a single study may not reflect the overall results for a drug.

Bayer HealthCare

Clinical Trial Results Synopsis

Study Design Description		
Study Sponsor:	Bayer HealthCare Pharmaceuticals Inc., Onyx Pharmaceuticals	
Study Number:	11718	NCT00111007
Study Phase:	III	
Official Study Title:	Phase III randomized, placebo controlled study of sorafenib in repeated cycles of 21 days in combination with paclitaxel/carboplatin chemotherapy in subjects with unresectable Stage III or Stage IV melanoma (study 11718)	
Therapeutic Area:	Oncology	
Test Product		
Name of Test Product:	Sorafenib (Nexavar, BAY43-9006)	
Name of Active Ingredient:	Sorafenib in combination with paclitaxel/carboplatin	
Dose and Mode of Administration:	Sorafenib 400 mg orally, 2 tablets (200 mg each) twice daily, on Days 2 to 19 of each 21 day cycle. Cycles were repeated every 3 weeks.	
Reference Therapy/Placebo		
Reference Therapy:	Placebo in combination with paclitaxel/carboplatin	
Dose and Mode of Administration:	Placebo tablets matching the 200 mg sorafenib tablets orally, 2 tablets twice daily, on Days 2 to 19 of each 21 day cycle. Cycles were repeated every 3 weeks. Paclitaxel 225 mg/m^2 intravenously and carboplatin area under the curve (AUC) 6 intravenously on Day 1 of Cycles 1 through 4 (full dose). Paclitaxel 175 mg/m^2 intravenously and carboplatin AUC 5 intravenously on Day 1 of Cycles 5 through 10 (reduced dose).	
Duration of Treatment:	Each treatment cycle was 21 days. Subjects received up to 10 cycles of carboplatin/paclitaxel (C/P) until disease progression or non-tolerated toxicity. If their disease status was stable or better following 10 cycles of carboplatin/paclitaxel, subjects could continue sorafenib/placebo treatment (no rest, no interruption Days 1 to 21) until disease progression or intolerability was documented.	
Studied period:	**Date of first subjects' first visit:**	04 MAY 2005
	Date of last subjects' last visit:	08 JAN 2009
Premature Study Suspension / Termination:	No	
Substantial Study Protocol Amendments:	Amendment no. 1 (23 May 2005): This amendment clarified timeframes and logistics of study visits and procedures, clarified some inclusion and exclusion criteria, corrected inconsistencies between the body of the protocol and the flowchart, and updated the protocol to meet European requirements.	

	Amendment no. 2 (22 FEB 2007): All ongoing subjects were unblinded and those receiving sorafenib were allowed to continue on treatment provided the investigator's clinical judgment indicated that some subject benefit was derived from sorafenib. Informed consent was obtained from the subjects who decided to continue treatment with sorafenib. In addition, all ongoing subjects randomized to placebo treatment arm were transitioned to the post-study follow-up phase, and all subjects in the active follow-up period were transitioned to the post-study follow-up period following final analysis of progression free survival (PFS). Amendment no. 3 (21 APR 2007): changed the threshold for the final analysis of the secondary efficacy variable overall survival (OS) to be when approximately 195 subjects had died or as of 01 MAR 2007, whichever was earlier. Amendment 3 also revised the criteria for subject removal from the study following final analysis of PFS to include Sponsor's termination of the study, and limited data to be recorded in the case report forms (CRFs) to safety and drug exposure following the final analysis of PFS.
Study Centre(s):	There were 61 centers; 59 centers screened subjects, and investigators at 54 centers enrolled and randomized at least one subject in 7 countries: Australia (6 centers), Canada (6 centers), France (6 centers), Germany (10 centers), the Netherlands (2 centers), the United Kingdom (8 centers), and the United States (16 centers).
Methodology:	The study had 3 periods: Screening, Treatment Period, and Follow-up Period. A post-study follow-up period for monitoring survival only was also specified in the protocol. Disease assessment was conducted every 6 weeks, and included CT scans of the chest, abdomen, and pelvis, in addition to photographs of cutaneous lesions. Investigator assessment was performed within ± 1 day of the date of the photographs. Subjects completed the health questionnaire at baseline and every 6 weeks thereafter until determination of progressive disease (PD). The treatment period continued until the subject withdrew from treatment. Subjects who had Complete Response (CR) (modified RECIST), Partial Response (PR) (modified RECIST), or stable disease at the time of discontinuation of study drug entered the active follow-up period. Subjects who had disease progression entered the post-study follow-up period, which consisted of contacts with the subject or their general practitioner every 3 months to collect data on OS until death was recorded.
Indication/ Main Inclusion Criteria:	Indication Histologically and cytologically confirmed unresectable, measurable melanoma (Stage III) or metastatic melanoma (Stage IV) for which treatment with paclitaxel and carboplatin was considered acceptable. Main Inclusion Criteria • Men and women ≥18 years of age with histologically and cytologically confirmed unresectable, measurable melanoma (Stage III) or metastatic melanoma (Stage IV) • Subjects must have progressed after receiving at least one cycle of dacarbazine (DTIC) (with a minimum total dose of 850 mg/m^2) or temozolamide (TMZ) (with a minimum total dose of 750 mg/m^2)

	containing regimen in the advanced or metastatic setting. Subjects may not have received more than one prior regimen in the metastatic setting. Subjects must have evidence of progressive disease (PD) prior to study entry. • Eastern Cooperative Oncology Group (ECOG) performance status (PS) of 0 or 1 and a life expectancy of at least 12 weeks • At least one measurable lesion per modified Response Evaluation Criteria In Solid Tumors (RECIST) • Adequate bone marrow, liver, and renal function as assessed by clinical laboratory tests
Study Objectives:	**Overall:** Not applicable **Primary:** To evaluate progression free survival (PFS) between subjects treated with sorafenib versus placebo in combination with paclitaxel and carboplatin. **Secondary:** To evaluate overall survival (OS) between subjects treated with sorafenib versus placebo in combination with paclitaxel and carboplatin.
Evaluation Criteria:	**Efficacy (Primary):** Primary Efficacy Variable: PFS An Independent Review Committee (IRC) assessed tumor response and disease progression based on a blinded review of computed tomography (CT) scans, magnetic resonance imaging (MRI), investigator assessment of cutaneous lesions, and additional clinical information. Tumor response and disease progression were evaluated based on modified Response Evaluation Criteria In Solid Tumors (RECIST). Measurements were made at baseline and every 6 weeks thereafter during the treatment period until progressive disease was documented, and also at the End-of-Treatment visit. **Efficacy (Secondary):** Secondary Efficacy Variables: • Overall Survival: Subjects with progressive disease were contacted every 3 months to collect data on OS and post-study chemotherapy treatments, until death was recorded. • Time to Progression (TTP) [Time Frame: Time from randomization to documented tumor progression (median time of 126 days)]: TTP was calculated as the time (days) from date of randomization to date of first observed disease progression (per modified RECIST or clinical judgment, whichever was earlier: CR, PR, stable disease, progressive disease). The actual dates of tumor assessments were used for this calculation. TTP for subjects without disease progression at the time of analysis, including subjects with death prior to progression, was censored at the last date of tumor evaluation. TTP for subjects who had no tumor

	assessments after baseline was censored at 1 day. • Duration of Response (DOR) [Time Frame: Time from initial response to documented tumor progression or death (median time of 197 days)]: Duration of response was defined as the time from the first documented objective response of Partial Response (PR: At least a 30% decrease in the sum of the longest diameter [SLD] of target lesions, taking as reference the baseline SLD or better) or Complete Response (CR: Disappearance of all target lesions), whichever was noted earlier, to disease progression or death (if death occurred before progression was documented). Duration of response for subjects who had not progressed or died at the time of analysis was censored at the date of their last tumor assessment. • Change from baseline in ECOG performance status to the visit when the best tumor response was noted [Time Frame: baseline and at visit when best response was noted (maximum treatment duration of 68.3 weeks)]: Change in ECOG PS is defined as an improvement (increase) or worsening (decrease) of at least one grade from the baseline ECOG score (from 0 [fully active] to 5 [dead]). Change in ECOG PS was recorded at the visit at which best confirmed response (BCR) using the modified RECIST (PR, CR, stable disease or Progressive Disease) was first noted (the change was 7% for both Sorafenib and Placebo). The BCR is the BCR recorded from the start of the treatment until DP/recurrence (taking as reference for DP, the smallest measurements recorded since treatment started). • Changes from baseline in the EuroQol 5-dimensional (EQ-5D) scales: Change from baseline in EQ-5D scales for mobility, self-care, usual activities, pain/discomfort, and anxiety/depression at the visit at which best response was first noted, and the end of treatment (worse, improved, no change), change from baseline in EQ-5D health state scale at the visit at which best response was first noted, and at the end of treatment, and change from baseline in EQ-5D health state index at the visit at which best response was first noted and the end of treatment were assessed. **Safety:** Safety was assessed based on results of physical examinations, vital signs, electrocardiogram (ECG) data, weight, adverse events, and laboratory values. The study used the National Cancer Institute [NCI] Common Terminology Criteria for Adverse Events [CTCAE] Version 3.0 for assessment of toxicity and serious adverse event reporting. Safety analyses were based on the valid-for-safety population, i.e., all subjects randomized to treatment who received any study medication.
	Pharmacokinetics: Not applicable **Other:** Not applicable
Statistical Methods:	**Efficacy (Primary):** • Progression-free survival PFS was calculated as the time (days) from date of randomization to

	date of first observed disease progression (per modified RECIST or clinical judgment, whichever was earlier) or death due to any cause, if death occurred before progression was documented. The independent oncologist reviewer's assessment was used for determination of date of progression. A 2-sided significance level of 0.01 (alpha = 0.01) was used for the analysis of PFS. The final analysis for PFS was performed when approximately 173 progression or death events were observed. Two-sided 95% and 99% confidence intervals (CIs) were calculated for median PFS, 25th percentile, 75th percentile, and the estimated probability of PFS at Days 90, 180, 270, and 360 for each treatment group and for the difference between groups. The hazard ratio for comparing the sorafenib + C/P and placebo + C/P groups was calculated along with a 2-sided 95% and 99% CI for the hazard ratio. The treatment groups were compared with respect to PFS using a log-rank test. No adjustment for covariates was used in the primary analysis of PFS. **Efficacy (Secondary):** • Overall survival The final analysis for OS was performed when 182 patients had died (March 2007). OS was calculated as the number of days from date of randomization to death date. Subjects who had not died at the time of analysis were censored at their last contact date. A 2-sided significance level of 0.05 (alpha = 0.05) was used for the final analysis of OS. The Kaplan-Meier estimates and distribution curves for OS were determined for each treatment group. Two-sided 95% CIs were calculated for median OS and the estimated probability of OS at Days 180 and 360 for each treatment group and for the difference between groups. The treatment groups were compared with respect to OS using a log-rank test. No adjustment for covariates was used in the primary analysis of OS. test. The remaning secondary efficacy variables were analyzed statistically as summarized in Table 1. **Table 1: Statistical tests employed for analyzing the secondary efficacy variables**

Variable	Test
Incidence of best response of PR or CR, PR, CR, stable disease or better	Pearson Chi-square or Fisher's Exact Test (FET)
Time to progression	Log-rank
Duration of response (PR or better)	Log-rank
Change from baseline in performance status at the visit at which best response was first noted and at the end of treatment (worse, improved, no change)	Pearson Chi-square or Fisher's Exact Test
Change from baseline in EQ-5D scales for mobility, self-care, usual activities, pain/discomfort, and anxiety/depression at the visit at which best response was first noted, and the end of treatment (worse, improved, no change)	Pearson Chi-square or Fisher's Exact Test
Change from baseline in EQ-5D health state scale at the visit at which best response was first noted, and at the end of treatment	Two-sample t-tests
Change from baseline in EQ-5D health state index at the visit at which best response was first noted and the end of treatment	Two-sample t-tests

Abbreviations: CR = complete response (modified RECIST); EQ-5D = EuroQol 5-dimensional (quality of life measurement); and PR = partial response (modified RECIST)

Safety:

No statistical tests were planned for safety analysis. However summaries of adverse events classified according to NCI-CTCAE version 3.0 term and category were included.

Number of Subjects:

A total of 315 subjects were enrolled: 45 subjects failed screening and 270 subjects were randomized between 25 MAY 2005 and 12 MAY 2006 at 54 centers in 7 countries.

The population valid for intent-to-treat (ITT) analyses comprised the 270 randomized subjects (135 in each treatment group). One subject in each group did not receive study treatment. Thus, 268 subjects began double-blind treatment (134 in each treatment group) and were included in the population valid for the safety analyses.

Study Results

Results Summary — Subject Disposition and Baseline

Of the 270 subjects in the ITT population, 171 subjects (63%) were male, and 223 subjects (83%) were White. Mean age at enrollment was 55.5 years (range: 22 to 89 years). The treatment groups appeared similar with regard to the demographic characteristics.

Of the 268 treated subjects, 258 (95.6%) entered the long-term follow-up. Of those, 145 (87.3%) died, 3 (1.8%) had disease progression, recurrence or relapse; 4 (2.4%) withdrew consent, 1 (0.6%) was lost to follow-up, and 13 (7.8%) were missing. There was one (0.4%) subject in active follow-up and 92 (34.1%) subjects in long-term follow-up. After the final OS analysis (01 MAR 2007), and per protocol amendment 3 (21 APR 2007) all subjects in the long-term follow-up were discontinued from the study and no longer followed for survival data.

Results Summary — Efficacy

Progression Free Survival:

A total of 197 subjects had progressed or died as of the data cutoff date of 22 SEP 2006 based on the independent review (100 subjects, 74% in the placebo + C/P group and 97 subjects, 72% in the Sorafenib + C/P group). The groups were very similar in terms of the efficacy data with no significant differences between the treatment groups for any of the efficacy endpoints.

The 2 treatment groups did not differ significantly in terms of PFS based on the independent review (P = 0.492). The median PFS was 125 days for the placebo + C/P group and 122 days for the Sorafenib + C/P group with a hazard ratio (risk of progression with Sorafenib + C/P

versus placebo + C/P) of 0.906. This slight reduction in hazard for PFS with no significant difference between the treatment groups was also apparent in the investigator assessment of PFS based on independent review and investigator assessment. The timing of tumor evaluations could have had an influence on the determination of PFS; however there were no meaningful differences in the timing of radiological scans compared to the scheduled time between the treatment groups.

Overall Survival:

Results for OS (median 42 weeks for both the placebo + C/P group and the sorafenib + C/P group, p = 0.979) did not meet statistical significance. The OS rates at Day 180 were 0.711 for the placebo group and 0.724 for the sorafenib group (rate difference = 0.013), and at Day 360 were not significantly different between treatment groups (0.435 for placebo; 0.344 for sorafenib, rate difference = -0.091). The hazard ratio (95% CI) for sorafenib/placebo was 0.996 (0.744, 1.333).

There were no significant differences between the treatment groups after adjusting for the significant covariates of sex, age, number of metastatic sites, visceral versus nonvisceral disease, baseline ECOG PS, prior adjuvant therapy, baseline lactate dehydrogenase (LDH), or months since diagnosis of metastatic disease. The adjusted hazard ratios consistently showed a trend favoring the sorafenib + C/P group, with the strongest trend apparent after adjusting for the effect of months since diagnosis of metastatic disease. It is important to note that the time since diagnosis of metastatic disease was longer (better prognosis) for the placebo + C/P group than for the sorafenib + C/P group.

Results Summary — Safety

The median duration of treatment was similar between the treatment groups (17.4 weeks for the placebo + C/P group and 17.6 weeks for the Sorafenib + C/P group). The mean daily dose was higher in the placebo + C/P group when compared with the Sorafenib + C/P group; the mean actual daily doses of placebo and Sorafenib were equivalent to 631.5 mg and 542.7 mg, respectively.

There were no apparent differences between the treatment groups regarding the total number of subjects who died, the number of deaths within 30 days of study drug discontinuation, or the causes of death. The cause of death was reported as disease progression in 74 placebo + C/P subjects and in 74 subjects in the Sorafenib + C/P group for a total of 148 of the 182 subjects (82%) who died. Cause of death was reported as "unknown" for 19 subjects (10 in the placebo + C/P group and 9 in the Sorafenib + C/P group). Of the 31 deaths within 30 days of study drug discontinuation, 2 in the Sorafenib + C/P group were considered related to study drug (one subject with low neutrophils and the other with febrile neutropenia and CNS hemorrhage).

The majority of adverse events were tolerable and manageable, and did not result in many dose reductions or interruptions or increased hospitalizations.

Of the 134 subjects in the placebo + C/P group, all subjects (100%) experienced 1 or more treatment-emergent adverse events, as did 132 subjects (99%) who received Sorafenib + C/P. One or more drug-related adverse events were reported for 131 subjects (98%) in the placebo + C/P group and for 131 subjects (98%) in the Sorafenib + C/P group. Serious adverse events were reported for 65 (49%) placebo + C/P subjects and for 66 (49%) Sorafenib + C/P subjects, respectively.

Treatment-emergent adverse events that led to discontinuation of 1 or more study drugs occurred less frequently in the placebo + C/P group (26%) than in the Sorafenib + C/P group (34%).

The safety profile was relatively similar between the treatment groups in this study. With the

exceptions of thrombocytopenia and dermatology events, which occurred with higher frequency in the Sorafenib + C/P group, no important differences in safety were observed between the treatment groups.
Results Summary — Pharmacokinetics
Not applicable
Results Summary — Other
Not applicable
Conclusion(s) In this study, sorafenib administered in combination with paclitaxel/carboplatin chemotherapy in subjects with unresectable Stage III or Stage IV melanoma was well tolerated, but there were no statistically significant differences between the treatment groups in terms of either PFS or OS, the primary and main secondary endpoints.

Publication(s):	Hauschild A, Agarwala SS, Trefzer U, Hogg D, Robert C, et al. Results of a Phase III, Randomized, Placebo-Controlled Study of Sorafenib in Combination With Carboplatin and Paclitaxel As Second-Line Treatment in Patients With Unresectable Stage III or Stage IV Melanoma. J Clin Oncol 2009 Apr 6;(27):2178-85.		
Date Created or Date Last Updated:	27 FEB 2012	**Date of Clinical Study Report:**	04 MAR 2010

Investigational Site List

Marketing Authorization Holder in Germany	
Name	Bayer Pharma AG
Postal Address	D-13342 Berlin Deutschland
Sponsor in Germany (if applicable)	
Legal Entity Name	Bayer HealthCare AG
Postal Address	D-51368 Leverkusen, Germany

List of Investigational Sites

No	Facility Name	Street	ZIP Code	City	Country
1	Austin Health	Ludwiz Institute Oncology unit Level 6, Harold Stokes Building Austin Hospital Studley Road	3084	Heidelberg	AUSTRALIA
2	Brisbane Mater Misericordiae Hospital	Division of Cancer Level 3 Raymond Terrace	4101	Brisbane	AUSTRALIA
3	Cabrini Medical Centre	Suite 45 183 Wattletree Road	3144	Malvern	AUSTRALIA
4	Newcastle Mater Misericordiae Hospital	Room 443 David Madison Building Crn King and Watt Street	2300	Warartah	AUSTRALIA
5	Peter MacCullum Cancer Institute	Div of Hematology/Medical Oncology and Research St Andrews Place	3002	East Melbourne	AUSTRALIA
6	The Alfred Hospital	Department of Medical Oncology Commercial Road Prahran	3004	Melbourne	AUSTRALIA
7	Westmead Hospital	Dept. Medical Oncology Hawkesbury Road	2145	Westmead	AUSTRALIA
8	Cross Cancer Institute	11560 University Avenue	T6G 1Z2	Edmonton	CANADA
9	London Regional Cancer Program	Department of Medicine 790 Commissioners Road East	N6A 4L6	London	CANADA

10	Princess Margaret Hospital-University Health Network	Department of Medical Oncology 610 University Avenue 5th Floor, Room 101	M5G 2M9	Toronto	CANADA
11	Sir Mortimer B. Davis Jewish General Hospital	3755 Ch. Cote Ste-Catherine	H3T 1E2	Montreal	CANADA
12	Sunnybrook Health Sciences Centre	Regional Cancer Centre 2075 Bayview Avenue	M4N 3M5	Toronto	CANADA
13	Tom Baker Cancer Centre	1331-29th Street NW	T2N 4N2	Calgary	CANADA
14	Centre Léon Bérard	Centre Léon Bérard Service d'Oncologie 28 rue Laennec	39373	LYON CEDEX	FRANCE
15	Hôpital Ambroise Paré - Boulogne Billancourt	Hôpital Ambroise Paré Service de Dermatologie Générale et Oncologie 9, avenue Charles de Gaulle	92104	BOULOGNE-BILLANCOURT	FRANCE
16	Hôpital Morvan - Brest	Centre Hospitalier Régional Hopital Morvan Service de Dermatologie 5, avenue Foch	29285	BREST	FRANCE
17	Hôpital Saint André - Bordeaux	C.H.U Bordeaux - Groupe Hospitalier Saint André-Jean Abadie Hôpital Saint André Service de radiothérapie du Professeur MAIRE 1, rue Jean Burguet	33000	BORDEAUX	FRANCE
18	Hôpital Saint Louis - Paris	Hôpital Saint Louis Service de Dermatologie Avenue Claude Vellefaux	75010	PARIS	FRANCE
19	Institut Gustave Roussy - Villejuif	Institut Gustave Roussy Département de dermatologie 114 rue Edouard Vaillant	94805	VILLEJUIF	FRANCE
20	Charité Campus Benjamin Franklin	Medizinische Klinik III (WE 24) Hämatologie, Onkologie und Transfusionsmedizin Hindenburgdamm 30	12200	Berlin	GERMANY
21	Klinikum der Christian-Albrechts-Universität	Universitäts-Hautklinik Klinik für Dermatologie, Venerologie und Allergologie Schittenhelmstr. 7	24105	Kiel	GERMANY
22	Klinikum der Eberhard-Karls-Universität Tübingen	Universitäts Hautklinik Sektion Dermatologische Onkologie Liebermeisterstraße 25	72076	Tübingen	GERMANY
23	Klinikum der Johann Wolfgang Goethe Universität Frankfurt	Dermatologie, Venerologie und Allergologie Theodor-Stern-Kai 7	60590	Frankfurt	GERMANY

24	Klinikum Mannheim gGmbH	Klin. Kooperationseinheit für Dermato-Onkologie Hautklinik am Klinikum Mannheim gGmbH	68135	Mannheim	GERMANY
25	Klinikum rechts der Isar	III. Medizinische Klinik und Poliklinik Innere / Schwerp. Hämatologie u. internistische Onkologie Ismaninger Straße 22	81675	München	GERMANY
26	Krankenhaus Nordwest	II. Med. Klinik Onkologie - Hämatologie Steinbacher Hohl 2-26	60488	Frankfurt	GERMANY
27	Universitätskliniken des Saarlandes	Klinik für Dermatologie, Venerologie und Allergologie Gebäude 18 Kirrberger Straße	66421	Homburg	GERMANY
28	Universitätsklinikum Essen	Hautklinik Hufelandstr. 56	45122	Essen	GERMANY
29	Universitätsklinikum Heidelberg	Universitäts-Hautklinik Voßstraße 2	69112	Heidelberg	GERMANY
30	Erasmus MC Daniel den Hoed	Groene Hilledijk 301	3075 EA	ROTTERDAM	NETHERLANDS
31	Nederlands Kanker Instituut	Plesmanlaan 121	1066 CX	AMSTERDAM	NETHERLANDS
32	Christie Hospital	550 Wilmslow Road Withington	M20 4BX	Manchester	UNITED KINGDOM
33	Leicester Royal Infirmary	Department of Oncology 2nd Floor Osborne Building Infirmary Square	LE1 5WW	Leicester	UNITED KINGDOM
34	Nottingham City Hospital	Clinical Oncology Hucknall Road	NG5 1PB	Nottingham	UNITED KINGDOM
35	Royal Marsden Hospital (London)	Department of Medicine Fulham Road	SW3 6JJ	London	UNITED KINGDOM
36	Royal Marsden NHS Trust (Surrey)	Downs Road	SM2 5PT	Sutton	UNITED KINGDOM
37	Singleton Hospital	South West Wales Cancer Institute Sketty Lane Sketty	SA2 8QA	Swansea	UNITED KINGDOM
38	Southampton General Hospital	Cancer Research UK clinical Centre Somers Cancer Research Building MP 824, Tremona Road	SO16 6YD	Southampton	UNITED KINGDOM
39	St James' Hospital	St James Oncology Centre Beckett Street Bexley Wing	LS9 7TF	Leeds	UNITED KINGDOM
40	Arizona Cancer Center at UMC North	Department of Melanoma Room 1969 1515 North Campbell Avenue PO Box 245024	85724	Tucson	UNITED STATES
41	James Care - Kenny Road	2050 Kenny Road	43221	Columbus	UNITED STATES

42	Memorial Sloan-Kettering Cancer Center	1275 York Avenue	10065	New York	UNITED STATES
43	Mountainside Hospital	Melanoma Center of New Jersey 1 Bay Avenue	07042	Montclair	UNITED STATES
44	Nebraska Methodist Hospital	8303 Dodge Street	68114	Omaha	UNITED STATES
45	Office of Dr. Sewa Legha, MD	St. Luke's Medical Tower 6624 Fannin Suite 1440	77030	Houston	UNITED STATES
46	Roswell Park Cancer Institute	Elm and Carlton Streets	14263	Buffalo	UNITED STATES
47	Seattle Cancer Center Alliance	825 Eastlake Avenue East	98109-1023	Seattle	UNITED STATES
48	The Angeles Clinic & Research Institute	11818 Wilshire Boulevard Suite 200	90025	Los Angeles	UNITED STATES
49	University of Colorado Health Sciences Center	Anschutz Cancer Pavilion Room 3240 1665 North Ursula Street	80045	Aurora	UNITED STATES
50	University of Louisville	James G. Brown Cancer Center 529 South Jackson Street	40202	Louisville	UNITED STATES
51	University of Pittsburgh Medical Center Health System	UP Cancer Institute Hillman Cancer Center 5115 Centre Avenue	15232	Pittsburgh	UNITED STATES
52	University of South Florida	H. Lee Moffitt Center Room 3057-C 12902 Magnolia Drive	33612	Tampa	UNITED STATES
53	University of Virginia Health System	Human Immune Therapy Center 1300 Jefferson Park Avenue 1352 Jordan Hall/Box 801457	22908	Charlottesville	UNITED STATES
54	Vanderbilt University Medical School	Vanderbilt-Ingram Cancer Center VUH-777 Preston Research Bldg. 2200 Pierce Avenue	37232-6307	Nashville	UNITED STATES
55	Washington University School of Medicine	660 S. Euclid Avenue Campus Box 8056	63110	St. Louis	UNITED STATES

Product Identification Information

Product Type	Drug
US Brand/Trade Name(s)	Nexavar
Brand/Trade Name(s) ex-US	Nexavar
Generic Name	Sorafenib
Main Product Company Code	BAY43-9006
Other Company Code(s)	BAY54-9085
Chemical Description	**(1)** 2-Pyridinecarboxamide, 4-[4-[[[[4-chloro-3trifluoromethyl)phenyl]amino]carbonyl]amino]phenoxy]-N-methyl-**(2)** 4-(4-{3.[4-chloro-3-(trifluoromethyl)phenyl]ureido}phenoxy)-N2-methylpyridine-2-carboxamide
Other Product Aliases	Sorafenib tosylate

Date of last Update/Change: 28 Apr 2012