Clinical trial results:
A Multicentre, Open-Label, Early Stopping Design, Proof of Concept Study with Tasquinimod in Treating Patients with Advanced or Metastatic Hepatocellular, Ovarian, Renal Cell and Gastric Carcinomas

Summary

EudraCT number	2012-002326-75
Trial protocol	GB BE ES
Global end of trial date	11 April 2016

Results information

Result version number	v1 (current)
This version publication date	09 September 2017
First version publication date	09 September 2017

Trial information

Trial identification

Sponsor protocol code	8-55-58102-004

Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	NCT01743469
WHO universal trial number (UTN)	-

Notes:

Sponsors

Sponsor organisation name	Ipsen Pharma
Sponsor organisation address	65 quai Georges Gorse, Boulogne-Billancourt, France, 92100
Public contact	Medical Director, Oncology, Ipsen Pharma, clinical.trials@ipsen.com
Scientific contact	Medical Director, Oncology, Ipsen Pharma, clinical.trials@ipsen.com

Notes:

Paediatric regulatory details

Is trial part of an agreed paediatric investigation plan (PIP)	No
Does article 45 of REGULATION (EC) No 1901/2006 apply to this trial?	No
Does article 46 of REGULATION (EC) No 1901/2006 apply to this trial?	No

Notes:

Results analysis stage

Analysis stage	Final
Date of interim/final analysis	03 December 2014
Is this the analysis of the primary completion data?	Yes
Primary completion date	03 December 2014
Global end of trial reached?	Yes
Global end of trial date	11 April 2016
Was the trial ended prematurely?	No

Notes:

General information about the trial

Main objective of the trial:

To determine the clinical activity of tasquinimod in advanced or metastatic hepatocellular, ovarian, renal cell and gastric carcinomas in patients who progressed after standard therapies.
Clinical activity was measured by the proportion of patients who had neither progressed nor died at a prespecified timepoint (progression free survival [PFS] rate):
• In advanced or metastatic hepatocellular carcinoma after one line of sorafenib
• In advanced or metastatic ovarian carcinoma resistant to platinum-containing therapy
• In metastatic renal cell carcinoma previously treated with vascular endothelial growth factor (VEGF) inhibitor
• In advanced or metastatic gastric carcinoma after one line of platinum-containing therapy.

Protection of trial subjects:

The study was conducted under the provisions of the Declaration of Helsinki, and in accordance with the International Conference on Harmonisation Consolidated Guideline on Good Clinical Practice.

Background therapy: -

Evidence for comparator: -

Actual start date of recruitment	10 December 2012
Long term follow-up planned	Yes
Long term follow-up rationale	Safety
Long term follow-up duration	9 Months
Independent data monitoring committee (IDMC) involvement?	No

Notes:

Population of trial subjects

Subjects enrolled per country

Country: Number of subjects enrolled	Canada: 38
Country: Number of subjects enrolled	Spain: 7
Country: Number of subjects enrolled	United Kingdom: 41
Country: Number of subjects enrolled	Belgium: 15
Country: Number of subjects enrolled	France: 66
Worldwide total number of subjects	167
EEA total number of subjects	129

Notes:

Subjects enrolled per age group

In utero	0
Preterm newborn - gestational age < 37	0

wk	
Newborns (0-27 days)	0
Infants and toddlers (28 days-23 months)	0
Children (2-11 years)	0
Adolescents (12-17 years)	0
Adults (18-64 years)	89
From 65 to 84 years	78
85 years and over	0

Subject disposition

Recruitment

Recruitment details:

Patients were recruited from 24 investigational sites in Belgium, Canada, the United Kingdom, Spain and France. The first patient was enrolled on 10 December 2012 and the end of study was 11 April 2016. The cut-off date for final analysis was the 3 December 2014.

Pre-assignment

Screening details:

In the hepatocellular carcinoma cohort 67 patients were screened, of whom 53 were treated with tasquinimod. In the ovarian carcinoma cohort 63 were screened, of whom 55 were treated. In the renal cell carcinoma cohort 44 were screened, of whom 38 were treated. In the gastric carcinoma cohort 27 were screened, of whom 21 were treated.

Period 1

Period 1 title	Active Treatment Phase (overall period)
Is this the baseline period?	Yes
Allocation method	Not applicable
Blinding used	Not blinded

Arms

Are arms mutually exclusive?	Yes
Arm title	Hepatocellular Carcinoma Cohort

Arm description:

Patients with advanced or metastatic hepatocellular carcinoma after one line of sorafenib therapy were administered a starting dose of tasquinimod 0.5 milligrams (mg)/day for at least 2 weeks. After at least 2 weeks the dose was adjusted depending on individual safety and tolerability to be either increased to 1 mg/day, reduced to 0.25 mg/day or maintained at 0.5 mg/day. Patients continued to receive daily oral doses of tasquinimod 0.25, 0.5 or 1 mg/day until disease progression, lost to follow-up, withdrawal or death. An end of study/withdrawal visit was performed at least 14 days after the last dose of study medication and/or before the intitiation of any new cancer treatment. The patient was then followed up for survival every 3 months after the last study treatment dose until death, lost to follow-up, withdrawal of consent or until end of study on 11 April 2016.

Arm type	Experimental
Investigational medicinal product name	Tasquinimod
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Capsule, hard
Routes of administration	Oral use

Dosage and administration details:

Patients were administered single daily oral doses of tasquinimod provided as hard gelatine capsules in strengths of 0.25 mg, 0.5 mg or 1 mg.

Arm title	Ovarian Carcinoma Cohort

Arm description:

Patients with advanced or metastatic ovarian carcinoma resistant to platinum-containing therapy were administered a starting dose of tasquinimod 0.5 mg/day for at least 2 weeks. After at least 2 weeks the dose was adjusted depending on individual safety and tolerability to be either increased to 1 mg/day, reduced to 0.25 mg/day or maintained at 0.5 mg/day. Patients continued to receive daily oral doses of tasquinimod 0.25, 0.5 or 1 mg/day until disease progression, lost to follow-up, withdrawal or death. An end of study/withdrawal visit was performed at least 14 days after the last dose of study medication and/or before the intitiation of any new cancer treatment.The patient was then followed up for survival every 3 months after the last study treatment dose until death, lost to follow-up, withdrawal of consent or until end of study on 11 April 2016.

Arm type	Experimental

Investigational medicinal product name	Tasquinimod
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Capsule, hard
Routes of administration	Oral use

Dosage and administration details:

Patients were administered single daily oral doses of tasquinimod provided as hard gelatine capsules in strengths of 0.25 mg, 0.5 mg or 1 mg.

Arm title	Renal Cell Carcinoma

Arm description:

Patients with metastatic renal cell carcinoma previously treated with VEGF inhibitor were administered a starting dose of tasquinimod 0.5 mg/day for at least 2 weeks. After at least 2 weeks the dose was adjusted depending on individual safety and tolerability to be either increased to 1 mg/day, reduced to 0.25 mg/day or maintained at 0.5 mg/day. Patients continued to receive daily oral doses of tasquinimod 0.25, 0.5 or 1 mg/day until disease progression, lost to follow-up, withdrawal or death. An end of study/withdrawal visit was performed at least 14 days after the last dose of study medication and/or before the intitiation of any new cancer treatment. The patient was then followed up for survival every 3 months after the last study treatment dose until death, lost to follow-up, withdrawal of consent or until end of study on 11 April 2016.

Arm type	Experimental
Investigational medicinal product name	Tasquinimod
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Capsule, hard
Routes of administration	Oral use

Dosage and administration details:

Patients were administered single daily oral doses of tasquinimod provided as hard gelatine capsules in strengths of 0.25 mg, 0.5 mg or 1 mg.

Arm title	Gastric Carcinoma Cohort

Arm description:

Patients with advanced or metastatic gastric carcinoma after one line of platinum-containing therapy were administered a starting dose of tasquinimod 0.5 mg/day for at least 2 weeks. After at least 2 weeks the dose was adjusted depending on individual safety and tolerability to be either increased to 1 mg/day, reduced to 0.25 mg/day or maintained at 0.5 mg/day. Patients continued to receive daily oral doses of tasquinimod 0.25, 0.5 or 1 mg/day until disease progression, lost to follow-up, withdrawal or death. An end of study/withdrawal visit was performed at least 14 days after the last dose of study medication and/or before the intitiation of any new cancer treatment. The patient was then followed up for survival every 3 months after the last study treatment dose until death, lost to follow-up, withdrawal of consent or until end of study on 11 April 2016.

Arm type	Experimental
Investigational medicinal product name	Tasquinimod
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Capsule, hard
Routes of administration	Oral use

Dosage and administration details:

Patients were administered single daily oral doses of tasquinimod provided as hard gelatine capsules in strengths of 0.25 mg, 0.5 mg or 1 mg.

Number of subjects in period 1	Hepatocellular Carcinoma Cohort	Ovarian Carcinoma Cohort	Renal Cell Carcinoma
Started	53	55	38
Treatment ongoing at analysis cut-off	3 [1]	3 [2]	0 [3]
Entering into Post-treatment Follow-up	49	48	37
Completing Post-treatment Follow-up	9	25	14
Completed	9	25	14
Not completed	44	30	24
Did not enter follow-up period	4	7	1
Consent withdrawn by subject	1	-	1
Death	38	22	22
Lost to follow-up	1	1	-

Number of subjects in period 1	Gastric Carcinoma Cohort
Started	21
Treatment ongoing at analysis cut-off	0 [4]
Entering into Post-treatment Follow-up	21
Completing Post-treatment Follow-up	5
Completed	5
Not completed	16
Did not enter follow-up period	-
Consent withdrawn by subject	-
Death	16
Lost to follow-up	-

Notes:

[1] - The number of subjects at this milestone seems inconsistent with the number of subjects in the arm. It is expected that the number of subjects will be greater than, or equal to the number that completed, minus those who left.

Justification: Subjects who did not complete the active treatment phase were able to enter in the post-treatment follow-up phase.

[2] - The number of subjects at this milestone seems inconsistent with the number of subjects in the arm. It is expected that the number of subjects will be greater than, or equal to the number that completed, minus those who left.

Justification: Subjects who did not complete the active treatment phase were able to enter in the post-treatment follow-up phase.

[3] - The number of subjects at this milestone seems inconsistent with the number of subjects in the arm. It is expected that the number of subjects will be greater than, or equal to the number that completed, minus those who left.

Justification: Subjects who did not complete the active treatment phase were able to enter in the post-treatment follow-up phase.

[4] - The number of subjects at this milestone seems inconsistent with the number of subjects in the arm. It is expected that the number of subjects will be greater than, or equal to the number that completed, minus those who left.

Justification: Subjects who did not complete the active treatment phase were able to enter in the post-treatment follow-up phase.

Baseline characteristics

Reporting groups

Reporting group title	Hepatocellular Carcinoma Cohort

Reporting group description:

Patients with advanced or metastatic hepatocellular carcinoma after one line of sorafenib therapy were administered a starting dose of tasquinimod 0.5 milligrams (mg)/day for at least 2 weeks. After at least 2 weeks the dose was adjusted depending on individual safety and tolerability to be either increased to 1 mg/day, reduced to 0.25 mg/day or maintained at 0.5 mg/day. Patients continued to receive daily oral doses of tasquinimod 0.25, 0.5 or 1 mg/day until disease progression, lost to follow-up, withdrawal or death. An end of study/withdrawal visit was performed at least 14 days after the last dose of study medication and/or before the intitiation of any new cancer treatment. The patient was then followed up for survival every 3 months after the last study treatment dose until death, lost to follow-up, withdrawal of consent or until end of study on 11 April 2016.

Reporting group title	Ovarian Carcinoma Cohort

Reporting group description:

Patients with advanced or metastatic ovarian carcinoma resistant to platinum-containing therapy were administered a starting dose of tasquinimod 0.5 mg/day for at least 2 weeks. After at least 2 weeks the dose was adjusted depending on individual safety and tolerability to be either increased to 1 mg/day, reduced to 0.25 mg/day or maintained at 0.5 mg/day. Patients continued to receive daily oral doses of tasquinimod 0.25, 0.5 or 1 mg/day until disease progression, lost to follow-up, withdrawal or death. An end of study/withdrawal visit was performed at least 14 days after the last dose of study medication and/or before the intitiation of any new cancer treatment.The patient was then followed up for survival every 3 months after the last study treatment dose until death, lost to follow-up, withdrawal of consent or until end of study on 11 April 2016.

Reporting group title	Renal Cell Carcinoma

Reporting group description:

Patients with metastatic renal cell carcinoma previously treated with VEGF inhibitor were administered a starting dose of tasquinimod 0.5 mg/day for at least 2 weeks. After at least 2 weeks the dose was adjusted depending on individual safety and tolerability to be either increased to 1 mg/day, reduced to 0.25 mg/day or maintained at 0.5 mg/day. Patients continued to receive daily oral doses of tasquinimod 0.25, 0.5 or 1 mg/day until disease progression, lost to follow-up, withdrawal or death. An end of study/withdrawal visit was performed at least 14 days after the last dose of study medication and/or before the intitiation of any new cancer treatment. The patient was then followed up for survival every 3 months after the last study treatment dose until death, lost to follow-up, withdrawal of consent or until end of study on 11 April 2016.

Reporting group title	Gastric Carcinoma Cohort

Reporting group description:

Patients with advanced or metastatic gastric carcinoma after one line of platinum-containing therapy were administered a starting dose of tasquinimod 0.5 mg/day for at least 2 weeks. After at least 2 weeks the dose was adjusted depending on individual safety and tolerability to be either increased to 1 mg/day, reduced to 0.25 mg/day or maintained at 0.5 mg/day. Patients continued to receive daily oral doses of tasquinimod 0.25, 0.5 or 1 mg/day until disease progression, lost to follow-up, withdrawal or death. An end of study/withdrawal visit was performed at least 14 days after the last dose of study medication and/or before the intitiation of any new cancer treatment. The patient was then followed up for survival every 3 months after the last study treatment dose until death, lost to follow-up, withdrawal of consent or until end of study on 11 April 2016.

Reporting group values	Hepatocellular Carcinoma Cohort	Ovarian Carcinoma Cohort	Renal Cell Carcinoma
Number of subjects	53	55	38
Age categorical Units: Subjects			
In utero	0	0	0
Preterm newborn infants (gestational age < 37 wks)	0	0	0
Newborns (0-27 days)	0	0	0
Infants and toddlers (28 days-23 months)	0	0	0

Children (2-11 years)	0	0	0
Adolescents (12-17 years)	0	0	0
Adults (18-64 years)	19	34	25
From 65-84 years	34	21	13
85 years and over	0	0	0
Gender categorical Units: Subjects			
Female	8	55	10
Male	45	0	28
Ethnicity Units: Subjects			
Hispanic or Latino	1	0	1
Not Hispanic or Latino	33	53	33
Unknown or Not Reported	19	2	4
Race Units: Subjects			
American Indian or Alaska Native	0	0	0
Asian	3	2	0
Native Hawaiian or Other Pacific Islander	0	0	0
Black or African American	2	2	0
White	29	49	35
More than one race	0	0	0
Unknown or Not Reported	19	2	3

Reporting group values	Gastric Carcinoma Cohort	Total	
Number of subjects	21	167	
Age categorical Units: Subjects			
In utero	0	0	
Preterm newborn infants (gestational age < 37 wks)	0	0	
Newborns (0-27 days)	0	0	
Infants and toddlers (28 days-23 months)	0	0	
Children (2-11 years)	0	0	
Adolescents (12-17 years)	0	0	
Adults (18-64 years)	11	89	
From 65-84 years	10	78	
85 years and over	0	0	
Gender categorical Units: Subjects			
Female	4	77	
Male	17	90	
Ethnicity Units: Subjects			
Hispanic or Latino	0	2	
Not Hispanic or Latino	19	138	
Unknown or Not Reported	2	27	
Race Units: Subjects			
American Indian or Alaska Native	0	0	

Asian	2	7	
Native Hawaiian or Other Pacific Islander	0	0	
Black or African American	0	4	
White	17	130	
More than one race	0	0	
Unknown or Not Reported	2	26	

End points

End points reporting groups

Reporting group title	Hepatocellular Carcinoma Cohort

Reporting group description:

Patients with advanced or metastatic hepatocellular carcinoma after one line of sorafenib therapy were administered a starting dose of tasquinimod 0.5 milligrams (mg)/day for at least 2 weeks. After at least 2 weeks the dose was adjusted depending on individual safety and tolerability to be either increased to 1 mg/day, reduced to 0.25 mg/day or maintained at 0.5 mg/day. Patients continued to receive daily oral doses of tasquinimod 0.25, 0.5 or 1 mg/day until disease progression, lost to follow-up, withdrawal or death. An end of study/withdrawal visit was performed at least 14 days after the last dose of study medication and/or before the intitiation of any new cancer treatment. The patient was then followed up for survival every 3 months after the last study treatment dose until death, lost to follow-up, withdrawal of consent or until end of study on 11 April 2016.

Reporting group title	Ovarian Carcinoma Cohort

Reporting group description:

Patients with advanced or metastatic ovarian carcinoma resistant to platinum-containing therapy were administered a starting dose of tasquinimod 0.5 mg/day for at least 2 weeks. After at least 2 weeks the dose was adjusted depending on individual safety and tolerability to be either increased to 1 mg/day, reduced to 0.25 mg/day or maintained at 0.5 mg/day. Patients continued to receive daily oral doses of tasquinimod 0.25, 0.5 or 1 mg/day until disease progression, lost to follow-up, withdrawal or death. An end of study/withdrawal visit was performed at least 14 days after the last dose of study medication and/or before the intitiation of any new cancer treatment.The patient was then followed up for survival every 3 months after the last study treatment dose until death, lost to follow-up, withdrawal of consent or until end of study on 11 April 2016.

Reporting group title	Renal Cell Carcinoma

Reporting group description:

Patients with metastatic renal cell carcinoma previously treated with VEGF inhibitor were administered a starting dose of tasquinimod 0.5 mg/day for at least 2 weeks. After at least 2 weeks the dose was adjusted depending on individual safety and tolerability to be either increased to 1 mg/day, reduced to 0.25 mg/day or maintained at 0.5 mg/day. Patients continued to receive daily oral doses of tasquinimod 0.25, 0.5 or 1 mg/day until disease progression, lost to follow-up, withdrawal or death. An end of study/withdrawal visit was performed at least 14 days after the last dose of study medication and/or before the intitiation of any new cancer treatment. The patient was then followed up for survival every 3 months after the last study treatment dose until death, lost to follow-up, withdrawal of consent or until end of study on 11 April 2016.

Reporting group title	Gastric Carcinoma Cohort

Reporting group description:

Patients with advanced or metastatic gastric carcinoma after one line of platinum-containing therapy were administered a starting dose of tasquinimod 0.5 mg/day for at least 2 weeks. After at least 2 weeks the dose was adjusted depending on individual safety and tolerability to be either increased to 1 mg/day, reduced to 0.25 mg/day or maintained at 0.5 mg/day. Patients continued to receive daily oral doses of tasquinimod 0.25, 0.5 or 1 mg/day until disease progression, lost to follow-up, withdrawal or death. An end of study/withdrawal visit was performed at least 14 days after the last dose of study medication and/or before the intitiation of any new cancer treatment. The patient was then followed up for survival every 3 months after the last study treatment dose until death, lost to follow-up, withdrawal of consent or until end of study on 11 April 2016.

Primary: PFS Rate based on Response Evaluation Criteria in Solid Tumours Version 1.1 (RECIST v1.1) Criteria (All Cohorts)

End point title	PFS Rate based on Response Evaluation Criteria in Solid Tumours Version 1.1 (RECIST v1.1) Criteria (All Cohorts)[1]

End point description:

The PFS rate was defined as the percentage of patients who neither progressed nor died at the time of the final analysis (predefined timepoint T2) and is reported for each cohort. Final analysis was performed for each cohort after a predefined number of patients had reached time T2. The PFS rate was calculated according to the RECIST v1.1 criteria. A patient was considered as neither progressed nor died if central assessment using RECIST v1.1 confirmed no disease progression was observed between the start of study medication and the last examination/visit date of complete response (CR) or partial

response (PR) or stable disease (SD) greater than or equal to the analysis timepoint -7 days.
Data is presented for the Intent to treat (ITT) Population which consisted of all treated patients who received at least one dose of tasquinimod.

End point type	Primary

End point timeframe:

Predefined timepoint T2 for each cohort: Week 12 (gastric carcinoma cohort); Week 16 (hepatocellular carcinoma cohort and renal cell carcinoma cohort) and Week 24 (ovarian carcinoma cohort)

Notes:

[1] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.
Justification: Each cohort was analysed separately by comparing the PFS rate with a prespecified threshold using a one-sided alpha of 0.1.
For the Hepatocellular Carcinoma Cohort the threshold was >20% (p=0.142).
For the Ovarian Carcinoma Cohort the threshold was >35% (p=1.000).
For the Renal Cell Carcinoma Cohort the threshold was >20% (p=0.800).
For the Gastric Carcinoma Cohort the threshold was >15% (p=0.630).

End point values	Hepatocellular Carcinoma Cohort	Ovarian Carcinoma Cohort	Renal Cell Carcinoma	Gastric Carcinoma Cohort
Subject group type	Reporting group	Reporting group	Reporting group	Reporting group
Number of subjects analysed	52	55	38	21
Units: Percentage of Participants				
number (confidence interval 95%)	26.9 (15.57 to 41.02)	7.3 (2.02 to 17.59)	13.2 (4.41 to 28.09)	9.5 (1.17 to 30.38)

Statistical analyses

No statistical analyses for this end point

Secondary: PFS Rate measured by the Choi criteria (Hepatocellular Carcinoma Cohort)

End point title	PFS Rate measured by the Choi criteria (Hepatocellular Carcinoma Cohort)[2]

End point description:

The PFS rate, defined as the percentage of patients who neither progressed nor died at the time of analysis, was determined for the hepatocellular carcinoma cohort at Week 16 using the Choi criteria. The Choi criteria is used to assess tumour progression in patients with advanced heptaocellular carcinoma. Tumour progression was determined as follows:
CR: Disappearance of all lesions and no new lesions.
PR: Decrease in tumour size ≥10% or decrease in tumour density ≥15% on Computerised Tomography Scan.
SD: Does not meet criteria for CR, PR or progressive disease (PD).
PD: Increase in tumour size ≥10% and does not meet PR criteria by tumour density.

Data is presented for the ITT population in the hepatocellular carcinoma cohort which consisted of all treated patients who received at least one dose of tasquinimod.

End point type	Secondary

End point timeframe:

Predefined timepoint T2 for hepatocellular carcinoma cohort: Week 16.

Notes:

[2] - The end point is not reporting statistics for all the arms in the baseline period. It is expected all the baseline period arms will be reported on when providing values for an end point on the baseline period.
Justification: This endpoint presents data as determined using the Choi criteria which is used to assess tumour progression in advanced hepatocellular carcinoma and is therefore only relevant to the hepatocellular carcinoma cohort.

End point values	Hepatocellular Carcinoma Cohort			
Subject group type	Reporting group			
Number of subjects analysed	53			
Units: Percentage of Participants				
number (confidence interval 95%)	20.8 (10.84 to 34.11)			

Statistical analyses

No statistical analyses for this end point

Secondary: Best Overall Response and Response Rates using RECIST v1.1 for (All Cohorts)

End point title	Best Overall Response and Response Rates using RECIST v1.1 for (All Cohorts)

End point description:

The best overall response assessed centrally and locally using RECIST v1.1 criteria was determined for all cohorts, and the patients were assigned to one of the following categories:
PR: At least a 30% decrease in the sum of the greatest unidimensional diameters of target lesions.
SD: Any cases that do not qualify for either PR or PD.
PD: An increase of at least 20% in the sum of the diameters of target lesions.
Not evaluable (NE): Tumour assessment was absent or patient was withdrawn due to TEAEs.
Response rates for each cohort are also presented as the percentage of patients who were responders in each cohort. A patient was considered a responder if the best overall response was either CR or PR. CR was defined as the disappearance of all target lesions.
Data is presented for the ITT population which consisted of all treated patients who received at least one dose of tasquinimod.

End point type	Secondary

End point timeframe:

At 8 week intervals up to 36 months for hepatocellular carcinoma, ovarian carcinoma and renal cell carcinoma cohorts.
At 6 week intervals until Week 24 and then every 8 weeks up to 36 months for the gastric carcinoma cohort.

End point values	Hepatocellular Carcinoma Cohort	Ovarian Carcinoma Cohort	Renal Cell Carcinoma	Gastric Carcinoma Cohort
Subject group type	Reporting group	Reporting group	Reporting group	Reporting group
Number of subjects analysed	53	55	38	21
Units: percentage of participants				
number (confidence interval 95%)				
Best overall response = PR (central RECIST)	1.9 (0.05 to 10.07)	1.8 (0.05 to 9.72)	0 (0 to 0)	0 (0 to 0)
Best overall response = SD (central RECIST)	54.7 (40.45 to 68.44)	49.1 (35.35 to 62.93)	47.4 (30.98 to 64.18)	23.8 (8.22 to 47.17)
Best overall response = PD (central RECIST)	34 (21.52 to 48.27)	41.8 (28.65 to 55.89)	44.7 (28.62 to 61.7)	66.7 (43.03 to 85.41)
Best overall response = NE (central RECIST)	9.4 (3.13 to 20.66)	7.3 (2.02 to 17.59)	7.9 (1.66 to 21.38)	9.5 (1.17 to 30.38)
Response Rate (central RECIST)	1.9 (0.05 to 10.07)	1.8 (0.05 to 9.72)	0 (0 to 0)	0 (0 to 0)

Best overall response = PR (local RECIST)	0 (0 to 0)	0 (0 to 0)	0 (0 to 0)	0 (0 to 0)
Best overall response = SD (local RECIST)	52.8 (38.64 to 66.7)	32.7 (20.68 to 46.71)	39.5 (24.04 to 56.61)	14.3 (3.05 to 36.34)
Best overall response = PD (local RECIST)	43.4 (29.84 to 57.72)	61.8 (47.73 to 74.59)	57.9 (40.82 to 73.69)	81 (58.09 to 94.55)
Best overall response = NE (local RECIST)	3.8 (0.46 to 12.98)	5.5 (1.14 to 15.12)	2.6 (0.07 to 13.81)	4.8 (0.12 to 23.82)
Response Rate (local RECIST)	0 (0 to 0)	0 (0 to 0)	0 (0 to 0)	0 (0 to 0)

Statistical analyses

No statistical analyses for this end point

Secondary: Best Overall Response and Response Rates using Choi criteria (Hepatocellular Carcinoma Cohort)

End point title	Best Overall Response and Response Rates using Choi criteria (Hepatocellular Carcinoma Cohort)[3]

End point description:

The best overall response assessed centrally using the Choi criteria was determined for the hepatocellular carcinoma cohort, and the patients were assigned to one of the following categories:
PR: Decrease in tumour size ≥10% or decrease in tumour density ≥15% on Computerised Tomography Scan.
SD: Does not meet criteria for CR, PR or PD.
PD: Increase in tumour size ≥10% and does not meet PR criteria by tumour density.
NE: Tumour assessment was absent or patient was withdrawn due to TEAEs.
The Response Rate for each cohort is also presented as the percentage of patients who were responders. A patient was considered a responder if the best overall response was either CR or PR. CR was defined as the disappearance of all target lesions.
Data is presented for the ITT population in the hepatocellular carcinoma cohort which consisted of all treated patients who received at least one dose of tasquinimod.

End point type	Secondary

End point timeframe:

At 8 week intervals up to 36 months.

Notes:

[3] - The end point is not reporting statistics for all the arms in the baseline period. It is expected all the baseline period arms will be reported on when providing values for an end point on the baseline period.
Justification: This endpoint presents data as determined using the Choi criteria which is used to assess tumour progression in advanced hepatocellular carcinoma and is therefore only relevant to the hepatocellular carcinoma cohort.

End point values	Hepatocellular Carcinoma Cohort			
Subject group type	Reporting group			
Number of subjects analysed	53			
Units: Percentage of Participants				
number (confidence interval 95%)				
Best overall response = PR (central Choi)	20.8 (10.84 to 34.11)			
Best overall response = SD (central Choi)	32.1 (19.92 to 46.32)			
Best overall response = PD (central Choi)	34 (21.52 to 48.27)			
Best overall response = NE (central Choi)	13.2 (5.48 to 25.34)			

Response Rate (central Choi)	20.8 (10.84 to 34.11)			

Statistical analyses

No statistical analyses for this end point

Secondary: Clinical Benefit according to RECIST v1.1 (All Cohorts)

End point title	Clinical Benefit according to RECIST v1.1 (All Cohorts)

End point description:

Clinical benefit was defined for a patient if CR, PR or SD was observed at least 12 weeks after the first study medication using local and central RECIST v1.1 assessments. The percentage of patients with clinical benefit is presented for each cohort.
Data is presented for the ITT population which consisted of all treated patients who received at least one dose of tasquinimod.

End point type	Secondary

End point timeframe:

At 8 week intervals up to 36 months for hepatocellular carcinoma, ovarian carcinoma and renal cell carcinoma cohorts.
At 6 week intervals until Week 24 and then every 8 weeks up to 36 months for the gastric carcinoma cohort.

End point values	Hepatocellular Carcinoma Cohort	Ovarian Carcinoma Cohort	Renal Cell Carcinoma	Gastric Carcinoma Cohort
Subject group type	Reporting group	Reporting group	Reporting group	Reporting group
Number of subjects analysed	53	55	38	21
Units: Percentage of Participants				
number (confidence interval 95%)				
Clinical benefit (central RECIST)	26.4 (15.26 to 40.33)	20 (10.43 to 32.97)	15.8 (6.02 to 31.25)	0 (0 to 0)
Clinical benefit (local RECIST)	32.1 (19.92 to 46.32)	16.4 (7.77 to 28.8)	15.8 (6.02 to 31.25)	0 (0 to 0)

Statistical analyses

No statistical analyses for this end point

Secondary: Median PFS from First Study Treatment to Progression or death due to any cause (Hepatocellular Carcinoma Cohort)

End point title	Median PFS from First Study Treatment to Progression or death due to any cause (Hepatocellular Carcinoma Cohort)[4]

End point description:

The median PFS from first study treatment to first progression as defined using the Choi criteria or death from any cause is presented for the hepatocellular carcinoma cohort. PD is defined in the Choi criteria as an increase in tumour size ≥10% and does not meet PR criteria by tumour density.
Data is presented for the ITT population which consisted of all treated patients who received at least one dose of tasquinimod.

End point type	Secondary

End point timeframe:

At 8 week intervals up to 36 months.

Notes:

[4] - The end point is not reporting statistics for all the arms in the baseline period. It is expected all the baseline period arms will be reported on when providing values for an end point on the baseline period.
Justification: This endpoint presents data as determined using the Choi criteria which is used to assess tumour progression in advanced hepatocellular carcinoma and is therefore only relevant to the hepatocellular carcinoma cohort.

End point values	Hepatocellular Carcinoma Cohort			
Subject group type	Reporting group			
Number of subjects analysed	53			
Units: Weeks				
median (confidence interval 95%)	15.71 (8 to 16.43)			

Statistical analyses

No statistical analyses for this end point

Secondary: Median PFS from first study treatment to progression or death due to any cause using RECIST v1.1 criteria (All Cohorts)

End point title	Median PFS from first study treatment to progression or death due to any cause using RECIST v1.1 criteria (All Cohorts)

End point description:

The median PFS from first study treatment to first progression as defined using the RECIST v1.1 criteria or death from any cause is presented for all cohorts. The median PFS for central and local assessments are presented. PD is defined in the RECIST v1.1 criteria as an increase of at least 20% in the sum of the diameters of target lesions.
Data is presented for the ITT population which consisted of all treated patients who received at least one dose of tasquinimod.

End point type	Secondary

End point timeframe:

At 8 week intervals up to 36 months for hepatocellular carcinoma, ovarian carcinoma and renal cell carcinoma cohorts.
At 6 week intervals until Week 24 and then every 8 weeks up to 36 months for the gastric carcinoma cohorts.

End point values	Hepatocellular Carcinoma Cohort	Ovarian Carcinoma Cohort	Renal Cell Carcinoma	Gastric Carcinoma Cohort
Subject group type	Reporting group	Reporting group	Reporting group	Reporting group
Number of subjects analysed	53	55	38	21
Units: Weeks				
median (confidence interval 95%)				
PFS (central RECIST)	15.86 (8 to 23.14)	8 (7.71 to 17.43)	14.86 (7.86 to 16.71)	6 (5.29 to 7.29)
PFS (local RECIST)	15.71 (8 to 16.43)	7.57 (7 to 7.86)	7.86 (7.29 to 14.71)	5.79 (5.14 to 6.86)

Statistical analyses

No statistical analyses for this end point

Secondary: Time to Progression (TTP) using the Choi criteria (Hepatocellular Carcinoma Cohort)

End point title	Time to Progression (TTP) using the Choi criteria (Hepatocellular Carcinoma Cohort)[5]

End point description:

The median TTP as determined using the Choi criteria from the first study medication date up to the first occurrence of a progression or death due to disease progression before initiation of new systemic treatment is presented for the hepatocellular carcinoma cohort. PD is defined in the Choi criteria as an increase in tumour size ≥10% and does not meet PR criteria by tumour density.
Data is presented for the ITT population which consisted of all treated patients who received at least one dose of tasquinimod.

End point type	Secondary

End point timeframe:

At 8 week intervals up to 36 months.

Notes:

[5] - The end point is not reporting statistics for all the arms in the baseline period. It is expected all the baseline period arms will be reported on when providing values for an end point on the baseline period.
Justification: This endpoint presents data as determined using the Choi criteria which is used to assess tumour progression in advanced hepatocellular carcinoma and is therefore only relevant to the hepatocellular carcinoma cohort.

End point values	Hepatocellular Carcinoma Cohort			
Subject group type	Reporting group			
Number of subjects analysed	53			
Units: Weeks				
median (confidence interval 95%)	15.86 (8.43 to 16.43)			

Statistical analyses

No statistical analyses for this end point

Secondary: TTP using RECIST v1.1 criteria (All Cohorts)

End point title	TTP using RECIST v1.1 criteria (All Cohorts)

End point description:

The median TTP as determined using RECIST v1.1 criteria from the first study medication date up to the first occurrence of a progression or death due to disease progression before initiation of new systemic treatment is presented for all cohorts. The median TTP for central and local assessments are presented. PD is defined in RECIST v1.1 as an increase of at least 20% in the sum of the diameters of target lesions.
Data is presented for the ITT population which consisted of all treated patients who received at least one dose of tasquinimod.

End point type	Secondary

End point timeframe:

At 8 week intervals up to 36 months for hepatocellular carcinoma, ovarian carcinoma and renal cell carcinoma cohorts.
At 6 week intervals until Week 24 and then every 8 weeks up to 36 months for the gastric carcinoma cohort.

End point values	Hepatocellular Carcinoma Cohort	Ovarian Carcinoma Cohort	Renal Cell Carcinoma	Gastric Carcinoma Cohort
Subject group type	Reporting group	Reporting group	Reporting group	Reporting group
Number of subjects analysed	53	55	38	21
Units: Weeks				
median (confidence interval 95%)				
TTP (central RECIST)	15.86 (8.43 to 24)	8 (7.71 to 17.43)	14.86 (7.86 to 16)	6 (5.29 to 7.29)
TTP (local RECIST)	15.71 (8 to 16.43)	7.57 (7 to 7.86)	7.86 (7.29 to 14.71)	5.79 (5.14 to 6.86)

Statistical analyses

No statistical analyses for this end point

Secondary: Overall Survival (OS) from first study treatment to death due to any cause (All Cohorts)

End point title	Overall Survival (OS) from first study treatment to death due to any cause (All Cohorts)

End point description:

OS was defined as the time (in weeks) from first study medication date to death due to any cause. Patients were censored at the date of last contact (the latest between the time of end of study or withdrawal assessment and follow-up visits). The median OS is presented for all cohorts.
Data is presented for the ITT population which consisted of all treated patients who received at least one dose of tasquinimod.

End point type	Secondary

End point timeframe:

Time from first study treatment up to 36 months.

End point values	Hepatocellular Carcinoma Cohort	Ovarian Carcinoma Cohort	Renal Cell Carcinoma	Gastric Carcinoma Cohort
Subject group type	Reporting group	Reporting group	Reporting group	Reporting group
Number of subjects analysed	53	55[6]	38	21
Units: Weeks				
median (confidence interval 95%)	29.29 (25 to 38.71)	0 (0 to 0)	32.71 (26.43 to 40.86)	21.57 (13.86 to 33.29)

Notes:

[6] - The median was not reached. Results: NC (30.71, NC).

Statistical analyses

No statistical analyses for this end point

Secondary: Further cancer-related treatment during the follow-up period for (All Cohorts)

End point title	Further cancer-related treatment during the follow-up period for (All Cohorts)

End point description:

Further systemic treatment was coded using the World Health Organisation Dictionary (June 2014 version for hepatocellular carcinoma cohort and June 2013 version for all other cohorts). The number of patients who received further systemic treatment during the follow-up period is presented for all cohorts.

End point type	Secondary

End point timeframe:

From the end of study/withdrawal visit at the end of the active treatment period to the end of the follow-up period.

End point values	Hepatocellular Carcinoma Cohort	Ovarian Carcinoma Cohort	Renal Cell Carcinoma	Gastric Carcinoma Cohort
Subject group type	Reporting group	Reporting group	Reporting group	Reporting group
Number of subjects analysed	53	55	38	21
Units: Participants	16	35	18	8

Statistical analyses

No statistical analyses for this end point

Adverse events information

Timeframe for reporting adverse events:

TEAEs were collected during the active phase of the study from treatment start date until predefined timepoint T2.

Adverse event reporting additional description:

Tumour-related signs and symptoms were recorded as TEAEs during the study only if they worsened in severity or increased in frequency.
The Safety population comprised all patients who had received at least one dose of tasquinimod.
AEs were coded using MedDRA 17.1 for the Hepatocellular Carcinoma cohort and version 16.1 for all other cohorts.

Assessment type	Systematic

Dictionary used

Dictionary name	MedDRA
Dictionary version	16.1

Reporting groups

Reporting group title	Hepatocellular Carcinoma Cohort

Reporting group description:

Patients with advanced or metastatic hepatocellular carcinoma after one line of sorafenib therapy were administered a starting dose of tasquinimod 0.5 mg/day for at least 2 weeks. After at least 2 weeks the dose was adjusted depending on individual safety and tolerability to be either increased to 1 mg/day, reduced to 0.25 mg/day or maintained at 0.5 mg/day. Patients continued to receive daily oral doses of tasquinimod 0.25, 0.5 or 1.0 mg/day until disease progression, lost to follow-up, withdrawal or death. An end of study/withdrawal visit was performed at least 14 days after the last dose of study treatment and/or before the intitiation of any new cancer treatment. The patient was then followed up for survival every 3 months after the last study treatment dose until death, lost to follow-up, withdrawal of consent or until all patients completed at least 9 months of follow-up.

Reporting group title	Ovarian Carcinoma Cohort

Reporting group description:

Patients with advanced or metastatic ovarian carcinoma resistant to platinum-containing therapy were administered a starting dose of tasquinimod 0.5 mg/day for at least 2 weeks. After at least 2 weeks the dose was adjusted depending on individual safety and tolerability to be either increased to 1 mg/day, reduced to 0.25 mg/day or maintained at 0.5 mg/day. Patients continued to receive daily oral doses of tasquinimod 0.25, 0.5 or 1.0 mg/day until disease progression, lost to follow-up, withdrawal or death. An end of study/withdrawal visit was performed at least 14 days after the last dose of study treatment and/or before the intitiation of any new cancer treatment. The patient was then followed up for survival every 3 months after the last study treatment dose until death, lost to follow-up, withdrawal of consent or until all patients completed at least 9 months of follow-up.

Reporting group title	Renal Cell Carcinoma

Reporting group description:

Patients with metastatic renal cell carcinoma previously treated with VEGF inhibitor were administered a starting dose of tasquinimod 0.5 mg/day for at least 2 weeks. After at least 2 weeks the dose was adjusted depending on individual safety and tolerability to be either increased to 1 mg/day, reduced to 0.25 mg/day or maintained at 0.5 mg/day. Patients continued to receive daily oral doses of tasquinimod 0.25, 0.5 or 1.0 mg/day until disease progression, lost to follow-up, withdrawal or death. An end of study/withdrawal visit was performed at least 14 days after the last dose of study treatment and/or before the intitiation of any new cancer treatment. The patient was then followed up for survival every 3 months after the last study treatment dose until death, lost to follow-up, withdrawal of consent or until all patients completed at least 9 months of follow-up.

Reporting group title	Gastric Carcinoma Cohort

Reporting group description:

Patients with advanced or metastatic gastric carcinoma after one line of platinum-containing therapy were administered a starting dose of tasquinimod 0.5 mg/day for at least 2 weeks. After at least 2 weeks the dose was adjusted depending on individual safety and tolerability to be either increased to 1 mg/day, reduced to 0.25 mg/day or maintained at 0.5 mg/day. Patients continued to receive daily oral doses of tasquinimod 0.25, 0.5 or 1.0 mg/day until disease progression, lost to follow-up, withdrawal or death. An end of study/withdrawal visit was performed at least 14 days after the last dose of study treatment and/or before the intitiation of any new cancer treatment. The patient was then followed up for survival every 3 months after the last study treatment dose until death, lost to follow-up, withdrawal

Serious adverse events	Hepatocellular Carcinoma Cohort	Ovarian Carcinoma Cohort	Renal Cell Carcinoma
Total subjects affected by serious adverse events			
subjects affected / exposed	14 / 53 (26.42%)	19 / 55 (34.55%)	11 / 38 (28.95%)
number of deaths (all causes)	38	22	22
number of deaths resulting from adverse events	0	0	0
Neoplasms benign, malignant and unspecified (incl cysts and polyps)			
Inflammatory myofibroblastic tumour			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Metastatic pain			
subjects affected / exposed	1 / 53 (1.89%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Tumour pain			
subjects affected / exposed	0 / 53 (0.00%)	1 / 55 (1.82%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
General disorders and administration site conditions			
Asthenia			
subjects affected / exposed	2 / 53 (3.77%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	1 / 2	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Oedema peripheral			
subjects affected / exposed	0 / 53 (0.00%)	1 / 55 (1.82%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Fatigue			

subjects affected / exposed	1 / 53 (1.89%)	0 / 55 (0.00%)	1 / 38 (2.63%)
occurrences causally related to treatment / all	0 / 1	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Non-cardiac chest pain			
subjects affected / exposed	1 / 53 (1.89%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	1 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Pyrexia			
subjects affected / exposed	1 / 53 (1.89%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Disease progression			
subjects affected / exposed	0 / 53 (0.00%)	1 / 55 (1.82%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 1	0 / 0
Respiratory, thoracic and mediastinal disorders			
Pleural effusion			
subjects affected / exposed	0 / 53 (0.00%)	4 / 55 (7.27%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 4	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Cough			
subjects affected / exposed	0 / 53 (0.00%)	1 / 55 (1.82%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 2	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Dyspnoea			
subjects affected / exposed	0 / 53 (0.00%)	1 / 55 (1.82%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Pulmonary embolism			
subjects affected / exposed	0 / 53 (0.00%)	1 / 55 (1.82%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Haemoptysis			

subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	1 / 38 (2.63%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Pleuritic pain			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	1 / 38 (2.63%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Investigations			
Blood bilirubin increased			
subjects affected / exposed	1 / 53 (1.89%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Blood creatinine increased			
subjects affected / exposed	1 / 53 (1.89%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Injury, poisoning and procedural complications			
Humerus fracture			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	1 / 38 (2.63%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Upper limb fracture			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	1 / 38 (2.63%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Cardiac disorders			
Myocardial infarction			
subjects affected / exposed	1 / 53 (1.89%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Cardiac failure			
subjects affected / exposed	1 / 53 (1.89%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0

Nervous system disorders			
Hepatic encephalopathy			
subjects affected / exposed	1 / 53 (1.89%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Ataxia			
subjects affected / exposed	0 / 53 (0.00%)	1 / 55 (1.82%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Dizziness			
subjects affected / exposed	0 / 53 (0.00%)	1 / 55 (1.82%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Partial seizures			
subjects affected / exposed	0 / 53 (0.00%)	1 / 55 (1.82%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Blood and lymphatic system disorders			
Anaemia			
subjects affected / exposed	2 / 53 (3.77%)	0 / 55 (0.00%)	1 / 38 (2.63%)
occurrences causally related to treatment / all	0 / 2	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Gastrointestinal disorders			
Nausea			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Vomiting			
subjects affected / exposed	1 / 53 (1.89%)	1 / 55 (1.82%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	1 / 1	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Small intestinal obstruction			

subjects affected / exposed	0 / 53 (0.00%)	2 / 55 (3.64%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 2	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Lower gastrointestinal haemorrhage			
subjects affected / exposed	1 / 53 (1.89%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Oesophageal varices haemorrhage			
subjects affected / exposed	1 / 53 (1.89%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 1	0 / 0	0 / 0
Pancreatitis			
subjects affected / exposed	1 / 53 (1.89%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Abdominal pain			
subjects affected / exposed	1 / 53 (1.89%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Abdominal pain upper			
subjects affected / exposed	0 / 53 (0.00%)	1 / 55 (1.82%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Diarrhoea			
subjects affected / exposed	0 / 53 (0.00%)	1 / 55 (1.82%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Intestinal obstruction			
subjects affected / exposed	0 / 53 (0.00%)	1 / 55 (1.82%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Ascites			

subjects affected / exposed	1 / 53 (1.89%)	1 / 55 (1.82%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Subileus			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	1 / 38 (2.63%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Rectal haemorrhage			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	1 / 38 (2.63%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Colitis			
subjects affected / exposed	1 / 53 (1.89%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Hepatobiliary disorders			
Bile duct obstruction			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Hepatobiliary disease			
subjects affected / exposed	1 / 53 (1.89%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Renal and urinary disorders			
Renal failure acute			
subjects affected / exposed	0 / 53 (0.00%)	1 / 55 (1.82%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	1 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Renal failure			
subjects affected / exposed	1 / 53 (1.89%)	0 / 55 (0.00%)	1 / 38 (2.63%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 1	0 / 0	0 / 1
Musculoskeletal and connective tissue			

disorders			
Flank pain			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Back pain			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	1 / 38 (2.63%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Pathological fracture			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	1 / 38 (2.63%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Pain in extremity			
subjects affected / exposed	1 / 53 (1.89%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Infections and infestations			
Cellulitis			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Upper respiratory tract infection			
subjects affected / exposed	1 / 53 (1.89%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Peritonitis			
subjects affected / exposed	2 / 53 (3.77%)	1 / 55 (1.82%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 2	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Infectious pleural effusion			
subjects affected / exposed	0 / 53 (0.00%)	1 / 55 (1.82%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0

Lung infection			
subjects affected / exposed	0 / 53 (0.00%)	1 / 55 (1.82%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Pelvic infection			
subjects affected / exposed	0 / 53 (0.00%)	1 / 55 (1.82%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Pleural infection			
subjects affected / exposed	0 / 53 (0.00%)	1 / 55 (1.82%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Urinary tract infection			
subjects affected / exposed	0 / 53 (0.00%)	1 / 55 (1.82%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 1	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Lower respiratory tract infection			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	1 / 38 (2.63%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Pneumonia			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	1 / 38 (2.63%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Oesophageal candidiasis			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	1 / 38 (2.63%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Oral candidiasis			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	1 / 38 (2.63%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Metabolism and nutrition disorders			

Dehydration			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	1 / 38 (2.63%)
occurrences causally related to treatment / all	0 / 0	0 / 0	0 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Decreased appetite			
subjects affected / exposed	2 / 53 (3.77%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	1 / 2	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Hypercalcaemia			
subjects affected / exposed	0 / 53 (0.00%)	1 / 55 (1.82%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 0	0 / 2	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Hyperkalaemia			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	1 / 38 (2.63%)
occurrences causally related to treatment / all	0 / 0	0 / 0	1 / 1
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0
Iron deficiency			
subjects affected / exposed	1 / 53 (1.89%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences causally related to treatment / all	0 / 1	0 / 0	0 / 0
deaths causally related to treatment / all	0 / 0	0 / 0	0 / 0

Serious adverse events	Gastric Carcinoma Cohort		
Total subjects affected by serious adverse events			
subjects affected / exposed	7 / 21 (33.33%)		
number of deaths (all causes)	16		
number of deaths resulting from adverse events	0		
Neoplasms benign, malignant and unspecified (incl cysts and polyps)			
Inflammatory myofibroblastic tumour			
subjects affected / exposed	1 / 21 (4.76%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Metastatic pain			

subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Tumour pain				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
General disorders and administration site conditions				
Asthenia				
subjects affected / exposed	1 / 21 (4.76%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Oedema peripheral				
subjects affected / exposed	1 / 21 (4.76%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Fatigue				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Non-cardiac chest pain				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Pyrexia				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Disease progression				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Respiratory, thoracic and mediastinal disorders				

Pleural effusion			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Cough			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Dyspnoea			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Pulmonary embolism			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Haemoptysis			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Pleuritic pain			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Investigations			
Blood bilirubin increased			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Blood creatinine increased			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Injury, poisoning and procedural			

complications				
Humerus fracture				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Upper limb fracture				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Cardiac disorders				
Myocardial infarction				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Cardiac failure				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Nervous system disorders				
Hepatic encephalopathy				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Ataxia				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Dizziness				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Partial seizures				

subjects affected / exposed	0 / 21 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Blood and lymphatic system disorders			
Anaemia			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Gastrointestinal disorders			
Nausea			
subjects affected / exposed	2 / 21 (9.52%)		
occurrences causally related to treatment / all	0 / 2		
deaths causally related to treatment / all	0 / 0		
Vomiting			
subjects affected / exposed	2 / 21 (9.52%)		
occurrences causally related to treatment / all	0 / 2		
deaths causally related to treatment / all	0 / 0		
Small intestinal obstruction			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Lower gastrointestinal haemorrhage			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Oesophageal varices haemorrhage			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Pancreatitis			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Abdominal pain			

subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Abdominal pain upper				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Diarrhoea				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Intestinal obstruction				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Ascites				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Subileus				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Rectal haemorrhage				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Colitis				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Hepatobiliary disorders				
Bile duct obstruction				

subjects affected / exposed	1 / 21 (4.76%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Hepatobiliary disease				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Renal and urinary disorders				
Renal failure acute				
subjects affected / exposed	1 / 21 (4.76%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Renal failure				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Musculoskeletal and connective tissue disorders				
Flank pain				
subjects affected / exposed	1 / 21 (4.76%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Back pain				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Pathological fracture				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Pain in extremity				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			

Infections and infestations			
Cellulitis			
subjects affected / exposed	1 / 21 (4.76%)		
occurrences causally related to treatment / all	0 / 1		
deaths causally related to treatment / all	0 / 0		
Upper respiratory tract infection			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Peritonitis			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Infectious pleural effusion			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Lung infection			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Pelvic infection			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Pleural infection			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Urinary tract infection			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		
Lower respiratory tract infection			

subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Pneumonia				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Oesophageal candidiasis				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Oral candidiasis				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Metabolism and nutrition disorders				
Dehydration				
subjects affected / exposed	1 / 21 (4.76%)			
occurrences causally related to treatment / all	0 / 1			
deaths causally related to treatment / all	0 / 0			
Decreased appetite				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Hypercalcaemia				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Hyperkalaemia				
subjects affected / exposed	0 / 21 (0.00%)			
occurrences causally related to treatment / all	0 / 0			
deaths causally related to treatment / all	0 / 0			
Iron deficiency				

subjects affected / exposed	0 / 21 (0.00%)		
occurrences causally related to treatment / all	0 / 0		
deaths causally related to treatment / all	0 / 0		

Frequency threshold for reporting non-serious adverse events: 5 %

Non-serious adverse events	Hepatocellular Carcinoma Cohort	Ovarian Carcinoma Cohort	Renal Cell Carcinoma
Total subjects affected by non-serious adverse events			
subjects affected / exposed	53 / 53 (100.00%)	55 / 55 (100.00%)	38 / 38 (100.00%)
Vascular disorders			
Orthostatic hypotension			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	1 / 38 (2.63%)
occurrences (all)	0	0	1
Hypertension			
subjects affected / exposed	3 / 53 (5.66%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences (all)	4	0	0
Hypotension			
subjects affected / exposed	1 / 53 (1.89%)	1 / 55 (1.82%)	5 / 38 (13.16%)
occurrences (all)	1	1	5
General disorders and administration site conditions			
Oedema peripheral			
subjects affected / exposed	16 / 53 (30.19%)	17 / 55 (30.91%)	4 / 38 (10.53%)
occurrences (all)	18	21	9
Fatigue			
subjects affected / exposed	31 / 53 (58.49%)	31 / 55 (56.36%)	7 / 38 (18.42%)
occurrences (all)	36	41	7
Asthenia			
subjects affected / exposed	7 / 53 (13.21%)	5 / 55 (9.09%)	11 / 38 (28.95%)
occurrences (all)	8	7	17
Pyrexia			
subjects affected / exposed	2 / 53 (3.77%)	8 / 55 (14.55%)	1 / 38 (2.63%)
occurrences (all)	4	10	1
Chest pain			
subjects affected / exposed	1 / 53 (1.89%)	0 / 55 (0.00%)	2 / 38 (5.26%)
occurrences (all)	1	0	2

Chills			
subjects affected / exposed	0 / 53 (0.00%)	2 / 55 (3.64%)	2 / 38 (5.26%)
occurrences (all)	0	2	2
Influenza like illness			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	2 / 38 (5.26%)
occurrences (all)	0	0	2
Reproductive system and breast disorders			
Pelvic pain			
subjects affected / exposed	1 / 53 (1.89%)	3 / 55 (5.45%)	0 / 38 (0.00%)
occurrences (all)	1	3	0
Respiratory, thoracic and mediastinal disorders			
Cough			
subjects affected / exposed	5 / 53 (9.43%)	12 / 55 (21.82%)	9 / 38 (23.68%)
occurrences (all)	5	12	10
Dyspnoea			
subjects affected / exposed	10 / 53 (18.87%)	12 / 55 (21.82%)	3 / 38 (7.89%)
occurrences (all)	12	13	3
Pleural effusion			
subjects affected / exposed	1 / 53 (1.89%)	2 / 55 (3.64%)	2 / 38 (5.26%)
occurrences (all)	1	2	2
Dyspnoea exertional			
subjects affected / exposed	0 / 53 (0.00%)	3 / 55 (5.45%)	0 / 38 (0.00%)
occurrences (all)	0	3	0
Psychiatric disorders			
Insomnia			
subjects affected / exposed	9 / 53 (16.98%)	9 / 55 (16.36%)	6 / 38 (15.79%)
occurrences (all)	11	10	6
Investigations			
Weight decreased			
subjects affected / exposed	13 / 53 (24.53%)	3 / 55 (5.45%)	5 / 38 (13.16%)
occurrences (all)	14	3	5
Blood alkaline phosphatase increased			
subjects affected / exposed	1 / 53 (1.89%)	4 / 55 (7.27%)	1 / 38 (2.63%)
occurrences (all)	1	4	1
Alanine aminotransferase increased			

subjects affected / exposed	3 / 53 (5.66%)	6 / 55 (10.91%)	0 / 38 (0.00%)
occurrences (all)	3	7	0
Aspartate aminotransferase increased			
subjects affected / exposed	4 / 53 (7.55%)	6 / 55 (10.91%)	1 / 38 (2.63%)
occurrences (all)	4	7	1
Blood lactate dehydrogenase increased			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences (all)	0	0	0
Blood bilirubin increased			
subjects affected / exposed	4 / 53 (7.55%)	2 / 55 (3.64%)	0 / 38 (0.00%)
occurrences (all)	4	2	0
Gamma-glutamyltransferase increased			
subjects affected / exposed	1 / 53 (1.89%)	5 / 55 (9.09%)	1 / 38 (2.63%)
occurrences (all)	1	5	1
Lipase increased			
subjects affected / exposed	0 / 53 (0.00%)	6 / 55 (10.91%)	0 / 38 (0.00%)
occurrences (all)	0	6	0
Amylase increased			
subjects affected / exposed	0 / 53 (0.00%)	5 / 55 (9.09%)	0 / 38 (0.00%)
occurrences (all)	0	5	0
Injury, poisoning and procedural complications			
Fall			
subjects affected / exposed	0 / 53 (0.00%)	4 / 55 (7.27%)	0 / 38 (0.00%)
occurrences (all)	0	5	0
Cardiac disorders			
Sinus tachycardia			
subjects affected / exposed	0 / 53 (0.00%)	3 / 55 (5.45%)	0 / 38 (0.00%)
occurrences (all)	0	3	0
Nervous system disorders			
Headache			
subjects affected / exposed	9 / 53 (16.98%)	10 / 55 (18.18%)	4 / 38 (10.53%)
occurrences (all)	9	13	4
Peripheral sensory neuropathy			

subjects affected / exposed	4 / 53 (7.55%)	2 / 55 (3.64%)	2 / 38 (5.26%)
occurrences (all)	4	2	2
Dizziness			
subjects affected / exposed	2 / 53 (3.77%)	5 / 55 (9.09%)	4 / 38 (10.53%)
occurrences (all)	2	5	5
Amnesia			
subjects affected / exposed	0 / 53 (0.00%)	3 / 55 (5.45%)	0 / 38 (0.00%)
occurrences (all)	0	3	0
Lethargy			
subjects affected / exposed	0 / 53 (0.00%)	2 / 55 (3.64%)	5 / 38 (13.16%)
occurrences (all)	0	2	5
Dysgeusia			
subjects affected / exposed	1 / 53 (1.89%)	1 / 55 (1.82%)	2 / 38 (5.26%)
occurrences (all)	1	1	2
Neuralgia			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	2 / 38 (5.26%)
occurrences (all)	0	0	2
Blood and lymphatic system disorders			
Anaemia			
subjects affected / exposed	2 / 53 (3.77%)	9 / 55 (16.36%)	3 / 38 (7.89%)
occurrences (all)	2	9	3
Eye disorders			
Periorbital oedema			
subjects affected / exposed	0 / 53 (0.00%)	4 / 55 (7.27%)	0 / 38 (0.00%)
occurrences (all)	0	4	0
Gastrointestinal disorders			
Abdominal pain			
subjects affected / exposed	15 / 53 (28.30%)	19 / 55 (34.55%)	8 / 38 (21.05%)
occurrences (all)	17	20	8
Nausea			
subjects affected / exposed	21 / 53 (39.62%)	24 / 55 (43.64%)	12 / 38 (31.58%)
occurrences (all)	28	30	13
Vomiting			
subjects affected / exposed	18 / 53 (33.96%)	16 / 55 (29.09%)	9 / 38 (23.68%)
occurrences (all)	25	21	9
Constipation			

subjects affected / exposed	15 / 53 (28.30%)	12 / 55 (21.82%)	13 / 38 (34.21%)
occurrences (all)	16	12	13
Gastrooesophageal reflux disease			
subjects affected / exposed	0 / 53 (0.00%)	1 / 55 (1.82%)	1 / 38 (2.63%)
occurrences (all)	0	1	2
Dyspepsia			
subjects affected / exposed	0 / 53 (0.00%)	5 / 55 (9.09%)	2 / 38 (5.26%)
occurrences (all)	0	6	2
Diarrhoea			
subjects affected / exposed	14 / 53 (26.42%)	14 / 55 (25.45%)	7 / 38 (18.42%)
occurrences (all)	20	18	8
Abdominal distension			
subjects affected / exposed	4 / 53 (7.55%)	10 / 55 (18.18%)	1 / 38 (2.63%)
occurrences (all)	4	12	1
Abdominal pain upper			
subjects affected / exposed	7 / 53 (13.21%)	13 / 55 (23.64%)	1 / 38 (2.63%)
occurrences (all)	9	14	1
Epigastric discomfort			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences (all)	0	0	0
Eructation			
subjects affected / exposed	0 / 53 (0.00%)	1 / 55 (1.82%)	0 / 38 (0.00%)
occurrences (all)	0	1	0
Retching			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	1 / 38 (2.63%)
occurrences (all)	0	0	1
Ascites			
subjects affected / exposed	5 / 53 (9.43%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences (all)	8	0	0
Dysphagia			
subjects affected / exposed	3 / 53 (5.66%)	1 / 55 (1.82%)	1 / 38 (2.63%)
occurrences (all)	4	1	2
Dry mouth			
subjects affected / exposed	2 / 53 (3.77%)	3 / 55 (5.45%)	0 / 38 (0.00%)
occurrences (all)	2	3	0
Skin and subcutaneous tissue disorders			

Dry skin			
subjects affected / exposed	3 / 53 (5.66%)	1 / 55 (1.82%)	3 / 38 (7.89%)
occurrences (all)	3	1	3
Pruritus			
subjects affected / exposed	2 / 53 (3.77%)	4 / 55 (7.27%)	3 / 38 (7.89%)
occurrences (all)	2	4	4
Rash			
subjects affected / exposed	0 / 53 (0.00%)	4 / 55 (7.27%)	3 / 38 (7.89%)
occurrences (all)	0	5	3
Hyperhidrosis			
subjects affected / exposed	0 / 53 (0.00%)	3 / 55 (5.45%)	3 / 38 (7.89%)
occurrences (all)	0	3	3
Palmar-plantar erythrodysaesthesia syndrome			
subjects affected / exposed	0 / 53 (0.00%)	2 / 55 (3.64%)	3 / 38 (7.89%)
occurrences (all)	0	2	3
Night sweats			
subjects affected / exposed	1 / 53 (1.89%)	2 / 55 (3.64%)	2 / 38 (5.26%)
occurrences (all)	1	2	2
Musculoskeletal and connective tissue disorders			
Back pain			
subjects affected / exposed	9 / 53 (16.98%)	14 / 55 (25.45%)	5 / 38 (13.16%)
occurrences (all)	11	15	6
Pain in extremity			
subjects affected / exposed	4 / 53 (7.55%)	5 / 55 (9.09%)	4 / 38 (10.53%)
occurrences (all)	6	6	6
Flank pain			
subjects affected / exposed	2 / 53 (3.77%)	2 / 55 (3.64%)	1 / 38 (2.63%)
occurrences (all)	3	2	1
Arthralgia			
subjects affected / exposed	5 / 53 (9.43%)	10 / 55 (18.18%)	2 / 38 (5.26%)
occurrences (all)	8	11	3
Musculoskeletal pain			
subjects affected / exposed	3 / 53 (5.66%)	4 / 55 (7.27%)	4 / 38 (10.53%)
occurrences (all)	4	5	6
Myalgia			

subjects affected / exposed	2 / 53 (3.77%)	6 / 55 (10.91%)	4 / 38 (10.53%)
occurrences (all)	3	6	4
Bone pain			
subjects affected / exposed	4 / 53 (7.55%)	2 / 55 (3.64%)	0 / 38 (0.00%)
occurrences (all)	4	2	0
Neck pain			
subjects affected / exposed	3 / 53 (5.66%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences (all)	3	0	0
Muscular weakness			
subjects affected / exposed	1 / 53 (1.89%)	3 / 55 (5.45%)	1 / 38 (2.63%)
occurrences (all)	1	3	1
Infections and infestations			
Lower respiratory tract infection			
subjects affected / exposed	0 / 53 (0.00%)	0 / 55 (0.00%)	5 / 38 (13.16%)
occurrences (all)	0	0	6
Oral candidiasis			
subjects affected / exposed	1 / 53 (1.89%)	2 / 55 (3.64%)	0 / 38 (0.00%)
occurrences (all)	1	2	0
Urinary tract infection			
subjects affected / exposed	1 / 53 (1.89%)	7 / 55 (12.73%)	0 / 38 (0.00%)
occurrences (all)	1	7	0
Rash pustular			
subjects affected / exposed	4 / 53 (7.55%)	0 / 55 (0.00%)	0 / 38 (0.00%)
occurrences (all)	4	0	0
Bronchitis			
subjects affected / exposed	3 / 53 (5.66%)	0 / 55 (0.00%)	1 / 38 (2.63%)
occurrences (all)	3	0	1
Metabolism and nutrition disorders			
Decreased appetite			
subjects affected / exposed	21 / 53 (39.62%)	20 / 55 (36.36%)	11 / 38 (28.95%)
occurrences (all)	22	25	11
Hyponatraemia			
subjects affected / exposed	1 / 53 (1.89%)	3 / 55 (5.45%)	0 / 38 (0.00%)
occurrences (all)	2	3	0
Hypercalcaemia			

subjects affected / exposed	0 / 53 (0.00%)	3 / 55 (5.45%)	0 / 38 (0.00%)
occurrences (all)	0	3	0
Hypokalaemia			
subjects affected / exposed	1 / 53 (1.89%)	3 / 55 (5.45%)	0 / 38 (0.00%)
occurrences (all)	1	3	0
Hypoalbuminaemia			
subjects affected / exposed	2 / 53 (3.77%)	6 / 55 (10.91%)	0 / 38 (0.00%)
occurrences (all)	3	6	0
Hyperglycaemia			
subjects affected / exposed	0 / 53 (0.00%)	4 / 55 (7.27%)	0 / 38 (0.00%)
occurrences (all)	0	5	0
Hypomagnesaemia			
subjects affected / exposed	0 / 53 (0.00%)	4 / 55 (7.27%)	0 / 38 (0.00%)
occurrences (all)	0	4	0
Glucose tolerance impaired			
subjects affected / exposed	0 / 53 (0.00%)	3 / 55 (5.45%)	0 / 38 (0.00%)
occurrences (all)	0	3	0

Non-serious adverse events	Gastric Carcinoma Cohort		
Total subjects affected by non-serious adverse events			
subjects affected / exposed	21 / 21 (100.00%)		
Vascular disorders			
Orthostatic hypotension			
subjects affected / exposed	2 / 21 (9.52%)		
occurrences (all)	2		
Hypertension			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Hypotension			
subjects affected / exposed	1 / 21 (4.76%)		
occurrences (all)	2		
General disorders and administration site conditions			
Oedema peripheral			
subjects affected / exposed	2 / 21 (9.52%)		
occurrences (all)	2		
Fatigue			

subjects affected / exposed	15 / 21 (71.43%)		
occurrences (all)	18		
Asthenia			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Pyrexia			
subjects affected / exposed	1 / 21 (4.76%)		
occurrences (all)	1		
Chest pain			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Chills			
subjects affected / exposed	1 / 21 (4.76%)		
occurrences (all)	1		
Influenza like illness			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Reproductive system and breast disorders			
Pelvic pain			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Respiratory, thoracic and mediastinal disorders			
Cough			
subjects affected / exposed	3 / 21 (14.29%)		
occurrences (all)	3		
Dyspnoea			
subjects affected / exposed	1 / 21 (4.76%)		
occurrences (all)	1		
Pleural effusion			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Dyspnoea exertional			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Psychiatric disorders			

Insomnia			
subjects affected / exposed	6 / 21 (28.57%)		
occurrences (all)	6		
Investigations			
Weight decreased			
subjects affected / exposed	6 / 21 (28.57%)		
occurrences (all)	6		
Blood alkaline phosphatase increased			
subjects affected / exposed	3 / 21 (14.29%)		
occurrences (all)	3		
Alanine aminotransferase increased			
subjects affected / exposed	2 / 21 (9.52%)		
occurrences (all)	3		
Aspartate aminotransferase increased			
subjects affected / exposed	2 / 21 (9.52%)		
occurrences (all)	2		
Blood lactate dehydrogenase increased			
subjects affected / exposed	2 / 21 (9.52%)		
occurrences (all)	2		
Blood bilirubin increased			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Gamma-glutamyltransferase increased			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Lipase increased			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Amylase increased			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Injury, poisoning and procedural complications			
Fall			

subjects affected / exposed occurrences (all)	3 / 21 (14.29%) 4		
Cardiac disorders Sinus tachycardia subjects affected / exposed occurrences (all)	 1 / 21 (4.76%) 1		
Nervous system disorders Headache subjects affected / exposed occurrences (all) Peripheral sensory neuropathy subjects affected / exposed occurrences (all) Dizziness subjects affected / exposed occurrences (all) Amnesia subjects affected / exposed occurrences (all) Lethargy subjects affected / exposed occurrences (all) Dysgeusia subjects affected / exposed occurrences (all) Neuralgia subjects affected / exposed occurrences (all)	 1 / 21 (4.76%) 1 1 / 21 (4.76%) 1 1 / 21 (4.76%) 1 0 / 21 (0.00%) 0 1 / 21 (4.76%) 1 0 / 21 (0.00%) 0 0 / 21 (0.00%) 0		
Blood and lymphatic system disorders Anaemia subjects affected / exposed occurrences (all)	 5 / 21 (23.81%) 7		
Eye disorders Periorbital oedema subjects affected / exposed occurrences (all)	 0 / 21 (0.00%) 0		
Gastrointestinal disorders			

Abdominal pain				
subjects affected / exposed	9 / 21 (42.86%)			
occurrences (all)	11			
Nausea				
subjects affected / exposed	13 / 21 (61.90%)			
occurrences (all)	17			
Vomiting				
subjects affected / exposed	13 / 21 (61.90%)			
occurrences (all)	18			
Constipation				
subjects affected / exposed	11 / 21 (52.38%)			
occurrences (all)	13			
Gastrooesophageal reflux disease				
subjects affected / exposed	5 / 21 (23.81%)			
occurrences (all)	6			
Dyspepsia				
subjects affected / exposed	4 / 21 (19.05%)			
occurrences (all)	4			
Diarrhoea				
subjects affected / exposed	3 / 21 (14.29%)			
occurrences (all)	3			
Abdominal distension				
subjects affected / exposed	2 / 21 (9.52%)			
occurrences (all)	2			
Abdominal pain upper				
subjects affected / exposed	2 / 21 (9.52%)			
occurrences (all)	2			
Epigastric discomfort				
subjects affected / exposed	2 / 21 (9.52%)			
occurrences (all)	2			
Eructation				
subjects affected / exposed	2 / 21 (9.52%)			
occurrences (all)	2			
Retching				
subjects affected / exposed	2 / 21 (9.52%)			
occurrences (all)	4			

Ascites			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Dysphagia			
subjects affected / exposed	1 / 21 (4.76%)		
occurrences (all)	1		
Dry mouth			
subjects affected / exposed	1 / 21 (4.76%)		
occurrences (all)	1		
Skin and subcutaneous tissue disorders			
Dry skin			
subjects affected / exposed	1 / 21 (4.76%)		
occurrences (all)	1		
Pruritus			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Rash			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Hyperhidrosis			
subjects affected / exposed	1 / 21 (4.76%)		
occurrences (all)	1		
Palmar-plantar erythrodysaesthesia syndrome			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Night sweats			
subjects affected / exposed	1 / 21 (4.76%)		
occurrences (all)	1		
Musculoskeletal and connective tissue disorders			
Back pain			
subjects affected / exposed	11 / 21 (52.38%)		
occurrences (all)	12		
Pain in extremity			
subjects affected / exposed	4 / 21 (19.05%)		
occurrences (all)	5		
Flank pain			

subjects affected / exposed	2 / 21 (9.52%)		
occurrences (all)	2		
Arthralgia			
subjects affected / exposed	3 / 21 (14.29%)		
occurrences (all)	5		
Musculoskeletal pain			
subjects affected / exposed	2 / 21 (9.52%)		
occurrences (all)	2		
Myalgia			
subjects affected / exposed	2 / 21 (9.52%)		
occurrences (all)	2		
Bone pain			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Neck pain			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Muscular weakness			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Infections and infestations			
Lower respiratory tract infection			
subjects affected / exposed	3 / 21 (14.29%)		
occurrences (all)	3		
Oral candidiasis			
subjects affected / exposed	3 / 21 (14.29%)		
occurrences (all)	4		
Urinary tract infection			
subjects affected / exposed	2 / 21 (9.52%)		
occurrences (all)	3		
Rash pustular			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Bronchitis			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		

Metabolism and nutrition disorders			
Decreased appetite			
subjects affected / exposed	15 / 21 (71.43%)		
occurrences (all)	17		
Hyponatraemia			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Hypercalcaemia			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Hypokalaemia			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Hypoalbuminaemia			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Hyperglycaemia			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		
Hypomagnesaemia			
subjects affected / exposed	1 / 21 (4.76%)		
occurrences (all)	1		
Glucose tolerance impaired			
subjects affected / exposed	0 / 21 (0.00%)		
occurrences (all)	0		

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

Date	Amendment
11 January 2013	• The primary endpoint for the Hepatocellular Carcinoma cohort was amended to clarify that the assessment of PFS was based on RECIST criteria only and the PFS evaluation by Choi criteria was changed from a primary to a secondary endpoint. • Additional text was included to clarify that all the secondary efficacy endpoints will be reported based on the central evaluation (sensitivity analyses were based on the local evaluation). • Text was also added to clarify the reporting of TEAEs during the follow-up period and that the tumour assessments should continue to be performed during the follow-up period if the reason for tasquinimod discontinuation is not PD. • The addition of disallowed foods to Appendix 6 occurred due to their inhibitory effect on the activity of Cytochrome P450 3A4. • The addition of a new appendix (Appendix 7) on blood sample processing for biobanking at the request of the French Ethics Committee.
22 May 2015	• Following the results of the 10TASQ10 study (EudraCT number 2010-021870-12, sponsored by Active Biotech), Ipsen decided to discontinue the development of tasquinimod in all indications. Although the 10TASQ10 study showed that tasquinimod reduced the risk of radiographic cancer progression or death compared to placebo in patients with metastatic castration resistant prostate cancer (mCRPC) who have not received chemotherapy, treatment with tasquinimod did not extend overall survival. Efficacy results together with preliminary safety data do not support positive benefit risk balance in this population. In this (8-55-58102-004), which evaluated other indications, the clinical activity of tasquinimod in heavily pre-treated patients with advanced ovarian, renal cell, liver and gastric carcinomas was not demonstrated. Three ongoing patients at the time of this Protocol Amendment were offered to continue receiving tasquinimod if they had clinical benefit. • Discontinuation of follow-up all patients beyond 14 days after the last tasquinimod dose. • Removal of exploratory assessments (inflammatory and exploratory markers) and survival follow-up from 4 May 2015 onwards. • Collection of only treatment administration information, TEAEs and SAEs for 3 patients still under treatment.

Notes:

Interruptions (globally)

Were there any global interruptions to the trial? No

Limitations and caveats

Limitations of the trial such as small numbers of subjects analysed or technical problems leading to unreliable data.

This study consisted of an active treatment phase and a survival follow-up phase. All results data are presented according to the final analysis cut-off date for the active phase. Follow-up was stopped as described in protocol amendment 22 May 2015.

Notes: