



Clinical trial results:

A Randomized, Open-Label, Phase 2 Study of Nivolumab in Combination with Ipilimumab or Nivolumab Monotherapy in Participants with Advanced or Metastatic Solid Tumors of High Tumor Mutational Burden (TMB-H)

(CheckMate 848: CHECKpoint pathway and nivoluMAb clinical Trial Evaluation 848)

Summary

| | |
|--------------------------|--|
| EudraCT number | 2016-002898-35 |
| Trial protocol | DE FR DK GB ES NL PL BE Outside EU/EEA IT RO |
| Global end of trial date | 02 August 2023 |

Results information

| | |
|--------------------------------|----------------|
| Result version number | v1 (current) |
| This version publication date | 16 August 2024 |
| First version publication date | 16 August 2024 |

Trial information

Trial identification

| | |
|-----------------------|-----------|
| Sponsor protocol code | CA209-848 |
|-----------------------|-----------|

Additional study identifiers

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

Notes:

Sponsors

| | |
|------------------------------|---|
| Sponsor organisation name | Bristol-Myers Squibb |
| Sponsor organisation address | Chaussée de la Hulpe 185, Brussels, Belgium, 1170 |
| Public contact | EU Study Start-Up Unit, Bristol-Myers Squibb International Corporation, Clinical.Trials@bms.com |
| Scientific contact | Bristol-Myers Squibb Study Director, Bristol-Myers Squibb, Clinical.Trials@bms.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 | 20 September 2023 |
| Is this the analysis of the primary completion data? | No |
| Global end of trial reached? | Yes |
| Global end of trial date | 02 August 2023 |
| Was the trial ended prematurely? | No |

Notes:

General information about the trial

Main objective of the trial:

To estimate BICR-assessed objective response rate (ORR) in participants of either tTMB-H or bTMBH treated with nivolumab combined with ipilimumab.

Protection of trial subjects:

The study was in compliance with the ethical principles derived from the Declaration of Helsinki and in compliance with all International Conference on Harmonization Good Clinical Practice Guidelines. All the local regulatory requirements pertinent to safety of trial participants were followed.

Background therapy: -

Evidence for comparator: -

| | |
|---|-----------------|
| Actual start date of recruitment | 31 October 2018 |
| Long term follow-up planned | No |
| Independent data monitoring committee (IDMC) involvement? | Yes |

Notes:

Population of trial subjects

Subjects enrolled per country

| | |
|--------------------------------------|-------------------|
| Country: Number of subjects enrolled | Canada: 5 |
| Country: Number of subjects enrolled | United States: 6 |
| Country: Number of subjects enrolled | Belgium: 12 |
| Country: Number of subjects enrolled | Denmark: 4 |
| Country: Number of subjects enrolled | France: 23 |
| Country: Number of subjects enrolled | Germany: 12 |
| Country: Number of subjects enrolled | Italy: 28 |
| Country: Number of subjects enrolled | Netherlands: 11 |
| Country: Number of subjects enrolled | Poland: 9 |
| Country: Number of subjects enrolled | Romania: 31 |
| Country: Number of subjects enrolled | Spain: 7 |
| Country: Number of subjects enrolled | United Kingdom: 3 |
| Country: Number of subjects enrolled | Singapore: 8 |
| Country: Number of subjects enrolled | Argentina: 27 |
| Country: Number of subjects enrolled | Australia: 9 |
| Country: Number of subjects enrolled | Chile: 17 |
| Worldwide total number of subjects | 212 |
| EEA total number of subjects | 137 |

Notes:

| Subjects enrolled per age group | |
|---|-----|
| In utero | 0 |
| Preterm newborn - gestational age < 37 wk | 0 |
| 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) | 132 |
| From 65 to 84 years | 80 |
| 85 years and over | 0 |

Subject disposition

Recruitment

Recruitment details: -

Pre-assignment

Screening details:

Participants with refractory metastatic or unresectable solid malignant tumors with high Tumor Mutational Burden (TMB-H) who are refractory to standard therapies or have no standard treatment options were included as salvage setting. Those randomized to Nivolumab monotherapy arm could switch to the Nivolumab-Ipilimumab arm upon progression.

Period 1

| | |
|------------------------------|-------------------------|
| Period 1 title | Pre-treatment |
| Is this the baseline period? | Yes |
| Allocation method | Randomised - controlled |
| Blinding used | Not blinded |

Arms

| | |
|------------------------------|-----|
| Are arms mutually exclusive? | Yes |
|------------------------------|-----|

| | |
|------------------|-----------------------------|
| Arm title | Arm A: Nivolumab+Ipilimumab |
|------------------|-----------------------------|

Arm description:

Nivolumab 240 mg every 2 weeks (Q2W) + Ipilimumab 1 mg/kg every 6 weeks (Q6W) up to 24 months

| | |
|--|------------------------|
| Arm type | Experimental |
| Investigational medicinal product name | Ipilimumab |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Solution for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

1 mg/kg Q6W (every 6 weeks)

| | |
|--|------------------------|
| Investigational medicinal product name | Nivolumab |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Solution for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

240 mg Q2W (every 2 weeks)

| | |
|------------------|------------------|
| Arm title | Arm B: Nivolumab |
|------------------|------------------|

Arm description:

Nivolumab Monotherapy 480 mg every 4 weeks (Q4W) up to 24 months

| | |
|--|------------------------|
| Arm type | Experimental |
| Investigational medicinal product name | Nivolumab |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Solution for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

480 mg Q4W (every 4 weeks)

| Number of subjects in period 1 | Arm A: Nivolumab+Ipilimumab | Arm B: Nivolumab |
|---------------------------------------|--------------------------------|-------------------|
| Started | 136 | 76 |
| bTMB-H Started | 80 ^[1] | 45 ^[2] |
| tTMB-H Started | 88 ^[3] | 47 ^[4] |
| Completed | 135 | 76 |
| Not completed | 1 | 0 |
| Disease Progression | 1 | - |

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: tTMB-H Started

[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: tTMB-H Started

[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: bTMB-H Started

[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: bTMB-H Started

Period 2

| | |
|------------------------------|-------------------------|
| Period 2 title | Treatment |
| Is this the baseline period? | No |
| Allocation method | Randomised - controlled |
| Blinding used | Not blinded |

Arms

| | |
|------------------------------|-----------------------------|
| Are arms mutually exclusive? | Yes |
| Arm title | Arm A: Nivolumab+Ipilimumab |

Arm description:

Nivolumab 240 mg every 2 weeks (Q2W) + Ipilimumab 1 mg/kg every 6 weeks (Q6W) up to 24 months

| | |
|--|------------------------|
| Arm type | Experimental |
| Investigational medicinal product name | Ipilimumab |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Solution for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

1 mg/kg Q6W (every 6 weeks)

| | |
|--|------------------------|
| Investigational medicinal product name | Nivolumab |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Solution for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

240 mg Q2W (every 2 weeks)

| | |
|--|------------------------|
| Arm title | Arm B: Nivolumab |
| Arm description: Nivolumab Monotherapy 480 mg every 4 weeks (Q4W) up to 24 months | |
| Arm type | Experimental |
| Investigational medicinal product name | Nivolumab |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Solution for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:
480 mg Q4W (every 4 weeks)

| Number of subjects in period 2 | Arm A: Nivolumab+Ipilimumab | Arm B: Nivolumab |
|--|--------------------------------|------------------|
| | Started | 135 |
| bTMB-H Started | 83 | 47 |
| tTMB-H Started | 94 | 50 |
| Arm B Rollover | 0 | 22 |
| Completed | 0 | 0 |
| Not completed | 135 | 76 |
| Adverse event, serious fatal | 3 | - |
| Consent withdrawn by subject | 1 | 1 |
| Study drug toxicity | 19 | 1 |
| Adverse Event unrelated to Study drug | 4 | 3 |
| Maximum Clinical Benefit | - | 1 |
| Participants completed treatment | 27 | 11 |
| Other reasons | 2 | 1 |
| Disease Progression | 76 | 57 |
| Participant request to discontinue study treatment | 3 | 1 |

Baseline characteristics

Reporting groups

| | |
|------------------------------|---|
| Reporting group title | Arm A: Nivolumab+Ipilimumab |
| Reporting group description: | Nivolumab 240 mg every 2 weeks (Q2W) + Ipilimumab 1 mg/kg every 6 weeks (Q6W) up to 24 months |
| Reporting group title | Arm B: Nivolumab |
| Reporting group description: | Nivolumab Monotherapy 480 mg every 4 weeks (Q4W) up to 24 months |

| Reporting group values | Arm A: Nivolumab+Ipilimumab | Arm B: Nivolumab | Total |
|---------------------------|--------------------------------|------------------|-------|
| Number of subjects | 136 | 76 | 212 |
| Age categorical Units: | | | |

| | | | |
|---|----------------|----------------|-----|
| Age Continuous Units: years arithmetic mean standard deviation | 60.0 ± 11.7 | 57.6 ± 12.1 | - |
| Sex: Female, Male Units: Participants | | | |
| Female | 71 | 44 | 115 |
| Male | 65 | 32 | 97 |
| Race (NIH/OMB) Units: Subjects | | | |
| American Indian or Alaska Native | 0 | 0 | 0 |
| Asian | 6 | 3 | 9 |
| Native Hawaiian or Other Pacific Islander | 0 | 0 | 0 |
| Black or African American | 1 | 1 | 2 |
| White | 124 | 60 | 184 |
| More than one race | 0 | 0 | 0 |
| Unknown or Not Reported | 5 | 12 | 17 |
| Ethnicity (NIH/OMB) Units: Subjects | | | |
| Hispanic or Latino | 13 | 5 | 18 |
| Not Hispanic or Latino | 45 | 20 | 65 |
| Unknown or Not Reported | 78 | 51 | 129 |

End points

End points reporting groups

| | |
|---|-----------------------------|
| Reporting group title | Arm A: Nivolumab+Ipilimumab |
| Reporting group description: Nivolumab 240 mg every 2 weeks (Q2W) + Ipilimumab 1 mg/kg every 6 weeks (Q6W) up to 24 months | |
| Reporting group title | Arm B: Nivolumab |
| Reporting group description: Nivolumab Monotherapy 480 mg every 4 weeks (Q4W) up to 24 months | |
| Reporting group title | Arm A: Nivolumab+Ipilimumab |
| Reporting group description: Nivolumab 240 mg every 2 weeks (Q2W) + Ipilimumab 1 mg/kg every 6 weeks (Q6W) up to 24 months | |
| Reporting group title | Arm B: Nivolumab |
| Reporting group description: Nivolumab Monotherapy 480 mg every 4 weeks (Q4W) up to 24 months | |

Primary: Objective Response Rate (ORR) per Blinded Independent Central Review (BICR) - Arm A

| | |
|---|---|
| End point title | Objective Response Rate (ORR) per Blinded Independent Central Review (BICR) - Arm A ^{[1][2]} |
| End point description: ORR was defined as the percentage of participants with a best overall response of confirmed complete response (CR) or partial response (PR) based on Blinded Independent Central Review (BICR) assessment. RECIST Criteria: CR= Disappearance of all target lesions. Any pathological lymph nodes must have reduction in short axis to < 10 mm. PR= ≥ 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters. RANO Criteria: CR= Disappearance of all enhancing measurable and nonmeasurable disease; stable or improved nonenhancing T2/FLAIR lesions; off corticosteroids; and stable or improved clinically PR= ≥ 50% decrease compared with baseline in the sum of products of perpendicular diameters of all measurable enhancing lesions; no progression of nonmeasureable disease; no new lesions; stable or improved nonenhancing (T2/FLAIR) lesions on same or lower dose of corticosteroids compared with baseline scan; and stable or improved clinically. | |
| End point type | Primary |
| End point timeframe: From date of randomization up to 42 months | |

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: only pre-specified arms reported

[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: only pre-specified arms reported

| End point values | Arm A: Nivolumab+Ipilimumab | | | |
|-----------------------------------|--------------------------------|--|--|--|
| Subject group type | Reporting group | | | |
| Number of subjects analysed | 88 | | | |
| Units: Percentage of participants | | | | |
| number (confidence interval 95%) | | | | |

| | | | | |
|-----------------------|---------------------|--|--|--|
| Blood TMB-H (bTMB-H) | 22.5 (13.9 to 33.2) | | | |
| Tissue TMB-H (tTMB-H) | 38.6 (28.4 to 49.6) | | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Objective Response Rate (ORR) per Blinded Independent Central Review (BICR) - Arm B

| | |
|-----------------|--|
| End point title | Objective Response Rate (ORR) per Blinded Independent Central Review (BICR) - Arm B ^[3] |
|-----------------|--|

End point description:

ORR was defined as the percentage of participants with a best overall response of confirmed complete response (CR) or partial response (PR) based on Blinded Independent Central Review (BICR) assessment.

RECIST Criteria:

CR= Disappearance of all target lesions. Any pathological lymph nodes must have reduction in short axis to < 10 mm.

PR= ≥ 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.

RANO Criteria:

CR= Disappearance of all enhancing measurable and nonmeasurable disease; stable or improved nonenhancing T2/FLAIR lesions; off corticosteroids; and stable or improved clinically

PR= ≥ 50% decrease compared with baseline in the sum of products of perpendicular diameters of all measurable enhancing lesions; no progression of nonmeasurable disease; no new lesions; stable or improved nonenhancing (T2/FLAIR) lesions on same or lower dose of corticosteroids compared with baseline scan; and stable or improved clinically.

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

From date of randomization up to 57 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: only pre-specified arms reported

| End point values | Arm B: Nivolumab | | | |
|-----------------------------------|---------------------|--|--|--|
| Subject group type | Reporting group | | | |
| Number of subjects analysed | 47 | | | |
| Units: Percentage of participants | | | | |
| number (confidence interval 95%) | | | | |
| Blood TMB-H (bTMB-H) | 15.6 (6.5 to 29.5) | | | |
| Tissue TMB-H (tTMB-H) | 29.8 (17.3 to 44.9) | | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Objective Response Rate (ORR) per Investigator

| | |
|---|--|
| End point title | Objective Response Rate (ORR) per Investigator |
| End point description: | |
| ORR was defined as the percentage of participants with a best overall response of confirmed complete response (CR) or partial response (PR) based on investigator assessment. Calculated using Clopper-Pearson method. | |
| RECIST Criteria: | |
| CR= Disappearance of all target lesions. Any pathological lymph nodes must have reduction in short axis to < 10 mm. | |
| PR= $\geq 30\%$ decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters. | |
| RANO Criteria: | |
| CR= Disappearance of all enhancing measurable and nonmeasurable disease; stable or improved nonenhancing T2/FLAIR lesions; off corticosteroids; and stable or improved clinically | |
| PR= $\geq 50\%$ decrease compared with baseline in the sum of products of perpendicular diameters of all measurable enhancing lesions; no progression of nonmeasurable disease; no new lesions; stable or improved nonenhancing (T2/FLAIR) lesions on same or lower dose of corticosteroids compared with baseline scan; and stable or improved clinically. | |
| End point type | Secondary |
| End point timeframe: | |
| From date of randomization up to 57 months | |

| End point values | Arm A: Nivolumab+Ipilimumab | Arm B: Nivolumab | | |
|-----------------------------------|--------------------------------|---------------------|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 88 | 47 | | |
| Units: Percentage of participants | | | | |
| number (confidence interval 95%) | | | | |
| Blood TMB-H (bTMB-H) | 25.0 (16.0 to 35.9) | 13.3 (5.1 to 26.8) | | |
| Tissue TMB-H (tTMB-H) | 44.3 (33.7 to 55.3) | 23.4 (12.3 to 38.0) | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Duration of Response (DoR) per Investigator

| | |
|---|---|
| End point title | Duration of Response (DoR) per Investigator |
| End point description: | |
| DoR was defined as the time from first confirmed complete or partial response to the date of the first documented tumor progression, or death due to any cause, whichever occurs first. Calculated using KM method. | |
| RECIST Criteria: | |
| CR= Disappearance of all target lesions. | |
| PR= $\geq 30\%$ decrease in the sum of diameters of target lesions. | |
| PD= $\geq 20\%$ increase in the sum of diameters of target lesions. | |
| RANO Criteria: | |
| CR= Disappearance of all enhancing measurable and nonmeasurable disease; stable/improved T2/FLAIR; off corticosteroids; stable/improved clinically | |
| PR= $\geq 50\%$ decrease in the sum of diameters of all measurable enhancing lesions; no progression of nonmeasurable disease; no new lesions; stable/improved T2/FLAIR; stable/improved clinically. | |
| PD= $\geq 25\%$ increase in sum of diameters of enhancing lesions, on stable/increasing doses of corticosteroids; significant increase in T2/FLAIR; any new lesion; clear clinical deterioration or clear progression of nonmeasurable disease. | |

99999=NA

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

From date of randomization to date of first documented tumor progression, or date of death, whichever occurs first (Up to 57 months)

| End point values | Arm A: Nivolumab+Ipil imumab | Arm B: Nivolumab | | |
|----------------------------------|------------------------------------|---------------------------|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 39 | 11 | | |
| Units: Months | | | | |
| median (confidence interval 95%) | | | | |
| Blood TMB-H (bTMB-H) | 27.96 (11.20 to 99999) | 99999 (11.24 to 99999) | | |
| Tissue TMB-H (tTMB-H) | 99999 (27.96 to 99999) | 99999 (8.05 to 99999) | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Duration of Response (DoR) per Blinded Independent Central Review (BICR)

| | |
|-----------------|--|
| End point title | Duration of Response (DoR) per Blinded Independent Central Review (BICR) |
|-----------------|--|

End point description:

DoR was defined as the time from first confirmed complete or partial response to the date of the first documented tumor progression, or death due to any cause, whichever occurs first. Calculated using KM method.

RECIST Criteria:

CR= Disappearance of all target lesions.

PR= $\geq 30\%$ decrease in the sum of diameters of target lesions.PD= $\geq 20\%$ increase in the sum of diameters of target lesions.

RANO Criteria:

CR= Disappearance of all enhancing measurable and nonmeasurable disease; stable/improved T2/FLAIR; off corticosteroids; stable/improved clinically

PR= $\geq 50\%$ decrease in the sum of diameters of all measurable enhancing lesions; no progression of nonmeasurable disease; no new lesions; stable/improved T2/FLAIR; stable/improved clinically.PD= $\geq 25\%$ increase in sum of diameters of enhancing lesions, on stable/increasing doses of corticosteroids; significant increase in T2/FLAIR; any new lesion; clear clinical deterioration or clear progression of nonmeasurable disease.

99999=NA

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

From date of randomization to date of first documented tumor progression, or date of death, whichever occurs first (Up to 57 months)

| End point values | Arm A: Nivolumab+Ipil imumab | Arm B: Nivolumab | | |
|----------------------------------|------------------------------------|--------------------------|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 34 | 14 | | |
| Units: Months | | | | |
| median (confidence interval 95%) | | | | |
| Blood TMB-H (bTMB-H) | 99999 (10.15 to 99999) | 99999 (5.52 to 99999) | | |
| Tissue TMB-H (tTMB-H) | 99999 (33.51 to 99999) | 99999 (8.31 to 99999) | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Time to Objective Response (TTR) per Investigator

| | |
|-----------------|---|
| End point title | Time to Objective Response (TTR) per Investigator |
|-----------------|---|

End point description:

TTR is defined as the time from randomization date to the date of the first confirmed response (complete response (CR) or partial response (PR)), based on investigator assessment.

RECIST Criteria:

CR= Disappearance of all target lesions. Any pathological lymph nodes must have reduction in short axis to < 10 mm.

PR= $\geq 30\%$ decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.

RANO Criteria:

CR= Disappearance of all enhancing measurable and nonmeasurable disease; stable or improved nonenhancing T2/FLAIR lesions; off corticosteroids; and stable or improved clinically

PR= $\geq 50\%$ decrease compared with baseline in the sum of products of perpendicular diameters of all measurable enhancing lesions; no progression of nonmeasureable disease; no new lesions; stable or improved nonenhancing (T2/FLAIR) lesions on same or lower dose of corticosteroids compared with baseline scan; and stable or improved clinically.

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

From date of randomization to date of first confirmed response (CR or PR) (Up to 57 months)

| End point values | Arm A: Nivolumab+Ipil imumab | Arm B: Nivolumab | | |
|--------------------------------------|------------------------------------|---------------------|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 39 | 11 | | |
| Units: Months | | | | |
| arithmetic mean (standard deviation) | | | | |
| Blood TMB-H (bTMB-H) | 3.48 (\pm 1.17) | 4.08 (\pm 3.40) | | |
| Tissue TMB-H (tTMB-H) | 3.56 (\pm 1.74) | 3.75 (\pm 2.50) | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Time to Objective Response (TTR) per Blinded Independent Central Review (BICR)

| | |
|-----------------|--|
| End point title | Time to Objective Response (TTR) per Blinded Independent Central Review (BICR) |
|-----------------|--|

End point description:

TTR is defined as the time from randomization date to the date of the first confirmed response (complete response (CR) or partial response (PR)), based on Blinded Independent Central Review (BICR) assessment.

RECIST Criteria:

CR= Disappearance of all target lesions. Any pathological lymph nodes must have reduction in short axis to < 10 mm.

PR= $\geq 30\%$ decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.

RANO Criteria:

CR= Disappearance of all enhancing measurable and nonmeasurable disease; stable or improved nonenhancing T2/FLAIR lesions; off corticosteroids; and stable or improved clinically

PR= $\geq 50\%$ decrease compared with baseline in the sum of products of perpendicular diameters of all measurable enhancing lesions; no progression of nonmeasurable disease; no new lesions; stable or improved nonenhancing (T2/FLAIR) lesions on same or lower dose of corticosteroids compared with baseline scan; and stable or improved clinically.

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

From date of randomization to date of first confirmed response (CR or PR) (Up to 57 months)

| End point values | Arm A: Nivolumab+Ipilimumab | Arm B: Nivolumab | | |
|--------------------------------------|--------------------------------|---------------------|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 34 | 14 | | |
| Units: Months | | | | |
| arithmetic mean (standard deviation) | | | | |
| Blood TMB-H (bTMB-H) | 3.59 (\pm 1.65) | 4.33 (\pm 2.93) | | |
| Tissue TMB-H (tTMB-H) | 4.37 (\pm 5.10) | 3.98 (\pm 2.47) | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Clinical Benefit Rate (CBR) per Investigator

| | |
|-----------------|--|
| End point title | Clinical Benefit Rate (CBR) per Investigator |
|-----------------|--|

End point description:

CBR is defined as the percentage of participants with a best overall response of confirmed complete response (CR) or partial response (PR) or stable disease (SD) based on investigator assessment.

RECIST Criteria:

CR= Disappearance of all target lesions. Any pathological lymph nodes must have reduction in short axis to < 10 mm

PR= $\geq 30\%$ decrease in the sum of diameters of target lesions

SD= Neither sufficient shrinkage to qualify for PR nor sufficient increase to qualify for PD

RANO Criteria:

CR= Disappearance of all enhancing disease; stable or improved nonenhancing T2/FLAIR lesions; off corticosteroids; and stable or improved clinically

PR= \geq 50% decrease in the sum of products of perpendicular diameters of all measurable enhancing lesions; no progression of nonmeasurable disease; no new lesions; stable or improved nonenhancing (T2/FLAIR) lesions; stable or improved clinically
SD= does not qualify for CR, PR, or progression; stable nonenhancing T2/FLAIR lesions

| | |
|--|-----------|
| End point type | Secondary |
| End point timeframe: | |
| From date of randomization up to 57 months | |

| End point values | Arm A: Nivolumab+Ipilimumab | Arm B: Nivolumab | | |
|-----------------------------------|--------------------------------|---------------------|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 88 | 47 | | |
| Units: Percentage of participants | | | | |
| number (confidence interval 95%) | | | | |
| Blood TMB-H (bTMB-H) | 42.5 (31.5 to 54.1) | 40.0 (25.7 to 55.7) | | |
| Tissue TMB-H (tTMB-H) | 63.6 (52.7 to 73.6) | 46.8 (32.1 to 61.9) | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Clinical Benefit Rate (CBR) per Blinded Independent Central Review (BICR)

| | |
|-----------------|---|
| End point title | Clinical Benefit Rate (CBR) per Blinded Independent Central Review (BICR) |
|-----------------|---|

End point description:

CBR is defined as the percentage of participants with a best overall response of confirmed complete response (CR) or partial response (PR) or stable disease (SD) per Blinded Independent Central Review (BICR) assessment.

RECIST Criteria:

CR= Disappearance of all target lesions. Any pathological lymph nodes must have reduction in short axis to $<$ 10 mm

PR= \geq 30% decrease in the sum of diameters of target lesions

SD= does not qualify for PR or progressive disease

RANO Criteria:

CR= Disappearance of all enhancing disease; stable or improved nonenhancing T2/FLAIR lesions; off corticosteroids; and stable or improved clinically

PR= \geq 50% decrease in the sum of products of perpendicular diameters of all measurable enhancing lesions; no progression of nonmeasurable disease; no new lesions; stable or improved nonenhancing (T2/FLAIR) lesions; stable or improved clinically

SD= does not qualify for CR, PR, or progression; stable nonenhancing T2/FLAIR lesions

| | |
|--|-----------|
| End point type | Secondary |
| End point timeframe: | |
| From date of randomization up to 57 months | |

| End point values | Arm A: Nivolumab+Ipil imumab | Arm B: Nivolumab | | |
|-----------------------------------|------------------------------------|------------------------|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 88 | 47 | | |
| Units: Percentage of participants | | | | |
| number (confidence interval 95%) | | | | |
| Blood TMB-H (bTMB-H) | 32.5 (22.4 to 43.9) | 28.9 (16.4 to 44.3) | | |
| Tissue TMB-H (tTMB-H) | 53.4 (42.5 to 64.1) | 38.3 (24.5 to 53.6) | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Progression Free Survival (PFS) per Investigator

| | |
|--|--|
| End point title | Progression Free Survival (PFS) per Investigator |
| End point description: | |
| <p>PFS is defined as the time from randomization date to the date of the first documented tumor progression, determined by investigator assessment, or death due to any cause, whichever occurs first. Calculated using KM method.</p> <p>RECIST Criteria: Progressive Disease (PD)= $\geq 20\%$ increase in the sum of diameters of target lesions, taking as reference the smallest sum on study. In addition, the sum must also demonstrate an absolute increase of ≥ 5 mm.</p> <p>RANO Criteria: PD= $\geq 25\%$ increase in sum of the products of perpendicular diameters of enhancing lesions compared with the smallest tumor measurement obtained either at baseline or best response, on stable or increasing doses of corticosteroids; significant increase in T2/FLAIR nonenhancing lesions on stable or increasing doses of corticosteroids compared with baseline scan or best response after initiation of therapy; any new lesion; clear clinical deterioration or clear progression of nonmeasurable disease.</p> | |
| End point type | Secondary |
| End point timeframe: | |
| From date of randomization to date of first documented tumor progression, or date of death, whichever occurs first (Up to 57 months) | |

| End point values | Arm A: Nivolumab+Ipil imumab | Arm B: Nivolumab | | |
|----------------------------------|------------------------------------|-------------------------|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 88 | 47 | | |
| Units: Months | | | | |
| median (confidence interval 95%) | | | | |
| Blood TMB-H (bTMB-H) | 2.99 (2.66 to 4.34) | 3.04 (2.79 to 5.36) | | |
| Tissue TMB-H (tTMB-H) | 8.15 (4.83 to 12.94) | 3.06 (2.79 to 10.91) | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Progression Free Survival (PFS) per Blinded Independent Central Review (BICR)

| | |
|-----------------|---|
| End point title | Progression Free Survival (PFS) per Blinded Independent Central Review (BICR) |
|-----------------|---|

End point description:

PFS is defined as the time from randomization date to the date of the first documented tumor progression, determined by Blinded Independent Central Review (BICR) assessment, or death due to any cause, whichever occurs first. Calculated using KM method.

RECIST Criteria:

Progressive Disease (PD)= $\geq 20\%$ increase in the sum of diameters of target lesions, taking as reference the smallest sum on study. In addition, the sum must also demonstrate an absolute increase of ≥ 5 mm.

RANO Criteria:

PD= $\geq 25\%$ increase in sum of the products of perpendicular diameters of enhancing lesions compared with the smallest tumor measurement obtained either at baseline or best response, on stable or increasing doses of corticosteroids; significant increase in T2/FLAIR nonenhancing lesions on stable or increasing doses of corticosteroids compared with baseline scan or best response after initiation of therapy; any new lesion; clear clinical deterioration or clear progression of nonmeasurable disease.

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

From date of randomization to date of first documented tumor progression, or date of death, whichever occurs first (Up to 57 months)

| End point values | Arm A: Nivolumab+Ipil imumab | Arm B: Nivolumab | | |
|----------------------------------|------------------------------------|------------------------|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 88 | 47 | | |
| Units: Months | | | | |
| median (confidence interval 95%) | | | | |
| Blood TMB-H (bTMB-H) | 2.83 (2.33 to 2.99) | 2.83 (2.60 to 3.25) | | |
| Tissue TMB-H (tTMB-H) | 5.68 (3.19 to 11.60) | 2.83 (2.69 to 5.72) | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Overall Survival (OS)

| | |
|-----------------|-----------------------|
| End point title | Overall Survival (OS) |
|-----------------|-----------------------|

End point description:

OS is defined as the time between the date of randomization and the date of death due to any cause. Participants who did not have a date of death were censored on the last date for which a participant was known to be alive. Calculated using KM method.

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

From date of randomization to date of death (Up to 57 months)

| End point values | Arm A: Nivolumab+Ipil imumab | Arm B: Nivolumab | | |
|----------------------------------|------------------------------------|--------------------------|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 88 | 47 | | |
| Units: Months | | | | |
| median (confidence interval 95%) | | | | |
| Blood TMB-H (bTMB-H) | 8.07 (5.82 to 10.45) | 11.24 (5.26 to 18.99) | | |
| Tissue TMB-H (tTMB-H) | 16.48 (10.18 to 30.52) | 14.59 (7.69 to 18.23) | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Number of Participants with Adverse Events (AEs) and Serious Adverse Events (SAEs)

| | |
|-----------------|--|
| End point title | Number of Participants with Adverse Events (AEs) and Serious Adverse Events (SAEs) |
|-----------------|--|

End point description:

Number of participants with any grade adverse events (AEs), serious adverse events (SAEs), drug-related AEs, and drug-related SAEs by Tumor Mutational Burden- High (TMB-H) status using worst grade per national cancer institute (NCI) common terminology criteria for adverse events (CTCAE) v5 criteria. An AE is defined as any new untoward medical occurrence or worsening of a preexisting medical condition in a clinical investigation participant administered study treatment and that does not necessarily have a causal relationship with this treatment.

TMB-H = ≥ 10 mutations per megabase
bTMB-H and tTMB-H are not mutually exclusive

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

From first dose to 30 days post last dose (Up to 25 months)

| End point values | Arm A: Nivolumab+Ipil imumab | Arm B: Nivolumab | | |
|-----------------------------|------------------------------------|---------------------|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 94 | 50 | | |
| Units: Participants | | | | |
| Blood TMB-H (bTMB-H) AEs | 82 | 46 | | |
| Tissue TMB-H (tTMB-H) AEs | 93 | 50 | | |
| bTMB-H SAEs | 51 | 17 | | |
| tTMB-H SAEs | 46 | 16 | | |
| bTMB-H drug-related AEs | 64 | 29 | | |
| tTMB-H drug-related AEs | 78 | 27 | | |
| bTMB-H drug-related SAEs | 17 | 1 | | |
| tTMB-H drug-related SAEs | 16 | 2 | | |

Statistical analyses

No statistical analyses for this end point

Secondary: Number of Participants with On-Treatment Laboratory Parameters

| | |
|-----------------|--|
| End point title | Number of Participants with On-Treatment Laboratory Parameters |
|-----------------|--|

End point description:

Number of participants with grade 3-4 on-treatment laboratory parameters. Parameters include hematology, chemistry, liver function, and renal function using worst grade per national cancer institute (NCI) common terminology criteria for adverse events (CTCAE) v5 criteria.

Grade 3=Severe event

Grade 4=Life threatening event

TMB-H = ≥ 10 mutations per megabase

bTMB-H and tTMB-H are not mutually exclusive

| | |
|----------------|-----------|
| End point type | Secondary |
|----------------|-----------|

End point timeframe:

From first dose to 30 days post last dose (Up to 25 months)

| End point values | Arm A: Nivolumab+Ipilimumab | Arm B: Nivolumab | | |
|--|--------------------------------|---------------------|--|--|
| Subject group type | Reporting group | Reporting group | | |
| Number of subjects analysed | 91 | 45 | | |
| Units: Participants | | | | |
| Blood TMB-H (bTMB-H) Hemoglobin grade 3 | 6 | 3 | | |
| Tissue TMB-H (tTMB-H) Hemoglobin grade 3 | 8 | 7 | | |
| Blood TMB-H (bTMB-H) Platelet Count grade 3-4 | 1 | 0 | | |
| Tissue TMB-H (tTMB-H) Platelet Count grade 3-4 | 0 | 1 | | |
| Blood TMB-H (bTMB-H) Leukocytes grade 3- 4 | 1 | 0 | | |
| Tissue TMB-H (tTMB-H) Leukocytes grade 3- 4 | 0 | 0 | | |
| bTMB-H Leukocytes Absolute grade 3- 4 | 2 | 1 | | |
| tTMB-H Leukocytes Absolute grade 3- 4 | 5 | 3 | | |
| bTMB-H Absolute Neutrophil grade 3- 4 | 1 | 1 | | |
| tTMB-H Absolute Neutrophil grade 3- 4 | 0 | 0 | | |
| bTMB-H Alkaline Phosphatase grade 3-4 | 2 | 1 | | |
| tTMB-H Alkaline Phosphatase grade 3-4 | 2 | 0 | | |
| bTMB-H Aspartate Aminotransferase grade 3-4 | 2 | 3 | | |
| tTMB-H Aspartate Aminotransferase grade 3-4 | 4 | 1 | | |

| | | | | |
|---|---|---|--|--|
| bTMB-H Alanine Aminotransferase grade 3-4 | 5 | 2 | | |
| tTMB-H Alanine Aminotransferase grade 3-4 | 3 | 1 | | |
| bTMB-H Bilirubin grade 3-4 | 3 | 2 | | |
| tTMB-H Bilirubin grade 3-4 | 3 | 1 | | |
| bTMB-H Creatinine grade 3-4 | 3 | 1 | | |
| tTMB-H Creatinine grade 3-4 | 3 | 0 | | |
| bTMB-H Hypernatremia grade 3-4 | 0 | 0 | | |
| tTMB-H Hypernatremia grade 3-4 | 0 | 0 | | |
| bTMB-H Hyponatremia grade 3-4 | 4 | 1 | | |
| tTMB-H Hyponatremia grade 3-4 | 3 | 1 | | |
| bTMB-H Hyperkalemia grade 3-4 | 2 | 0 | | |
| tTMB-H Hyperkalemia grade 3-4 | 2 | 0 | | |
| bTMB-H Hypokalemia grade 3-4 | 4 | 0 | | |
| tTMB-H Hypokalemia grade 3-4 | 3 | 1 | | |
| bTMB-H Hypercalcemia grade 3-4 | 0 | 1 | | |
| tTMB-H Hypercalcemia grade 3-4 | 2 | 0 | | |
| bTMB-H Hypocalcemia grade 3-4 | 2 | 0 | | |
| tTMB-H Hypocalcemia grade 3-4 | 0 | 1 | | |
| bTMB-H Hyperglycemia grade 3-4 | 0 | 0 | | |
| tTMB-H Hyperglycemia grade 3-4 | 0 | 0 | | |
| bTMB-H Hypoglycemia grade 3-4 | 0 | 0 | | |
| tTMB-H Hypoglycemia grade 3-4 | 0 | 0 | | |

Statistical analyses

No statistical analyses for this end point

Adverse events

Adverse events information

Timeframe for reporting adverse events:

SAEs and NSAEs are assessed from first dose to 100 days post last dose (Up to 27 months). Participants were assessed for deaths (all-cause) from their first dose to study completion (Up to 57 months).

| | |
|-----------------|------------|
| Assessment type | Systematic |
|-----------------|------------|

Dictionary used

| | |
|--------------------|--------|
| Dictionary name | MedDRA |
| Dictionary version | 26.0 |

Reporting groups

| | |
|-----------------------|-----------------------------|
| Reporting group title | Arm A: Nivolumab+Ipilimumab |
|-----------------------|-----------------------------|

Reporting group description:

Nivolumab 240 mg every 2 weeks (Q2W) + Ipilimumab 1 mg/kg every 6 weeks (Q6W) up to 24 months

| | |
|-----------------------|--|
| Reporting group title | Arm B: Nivolumab+Ipilimumab (Rollover) |
|-----------------------|--|

Reporting group description:

Nivolumab 240 mg every 2 weeks (Q2W) + Ipilimumab 1 mg/kg every 6 weeks (Q6W)

| | |
|-----------------------|------------------|
| Reporting group title | Arm B: Nivolumab |
|-----------------------|------------------|

Reporting group description:

Nivolumab Monotherapy 480 mg every 4 weeks (Q4W) up to 24 months

| Serious adverse events | Arm A: Nivolumab+Ipilimumab | Arm B: Nivolumab+Ipilimumab (Rollover) | Arm B: Nivolumab |
|---|--------------------------------|---|------------------|
| Total subjects affected by serious adverse events | | | |
| subjects affected / exposed | 90 / 135 (66.67%) | 11 / 22 (50.00%) | 39 / 76 (51.32%) |
| number of deaths (all causes) | 97 | 20 | 42 |
| number of deaths resulting from adverse events | | | |
| Neoplasms benign, malignant and unspecified (incl cysts and polyps) | | | |
| Meningioma | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Basal cell carcinoma | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Malignant neoplasm progression | | | |

| | | | |
|--|-------------------|-----------------|------------------|
| subjects affected / exposed | 43 / 135 (31.85%) | 7 / 22 (31.82%) | 25 / 76 (32.89%) |
| occurrences causally related to treatment / all | 0 / 44 | 0 / 7 | 0 / 26 |
| deaths causally related to treatment / all | 0 / 40 | 0 / 7 | 0 / 23 |
| Tumour pain | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Vascular disorders | | | |
| Pelvic venous thrombosis | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Jugular vein thrombosis | | | |
| subjects affected / exposed | 0 / 135 (0.00%) | 0 / 22 (0.00%) | 1 / 76 (1.32%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Haemorrhage | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Superior vena cava syndrome | | | |
| subjects affected / exposed | 0 / 135 (0.00%) | 0 / 22 (0.00%) | 2 / 76 (2.63%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 2 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Deep vein thrombosis | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| General disorders and administration site conditions | | | |
| Hyperpyrexia | | | |
| subjects affected / exposed | 0 / 135 (0.00%) | 0 / 22 (0.00%) | 1 / 76 (1.32%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |

| | | | |
|---|-----------------|----------------|----------------|
| General physical health deterioration | | | |
| subjects affected / exposed | 2 / 135 (1.48%) | 0 / 22 (0.00%) | 0 / 76 (0.00%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| Fatigue | | | |
| subjects affected / exposed | 3 / 135 (2.22%) | 0 / 22 (0.00%) | 1 / 76 (1.32%) |
| occurrences causally related to treatment / all | 0 / 3 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Death | | | |
| subjects affected / exposed | 3 / 135 (2.22%) | 0 / 22 (0.00%) | 0 / 76 (0.00%) |
| occurrences causally related to treatment / all | 0 / 3 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 3 | 0 / 0 | 0 / 0 |
| Malaise | | | |
| subjects affected / exposed | 0 / 135 (0.00%) | 1 / 22 (4.55%) | 0 / 76 (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 |
| Pain | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Sudden death | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Pyrexia | | | |
| subjects affected / exposed | 5 / 135 (3.70%) | 1 / 22 (4.55%) | 0 / 76 (0.00%) |
| occurrences causally related to treatment / all | 4 / 7 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Reproductive system and breast disorders | | | |
| Uterine fistula | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |

| | | | |
|---|-----------------|----------------|----------------|
| Female genital tract fistula | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Respiratory, thoracic and mediastinal disorders | | | |
| Dyspnoea | | | |
| subjects affected / exposed | 2 / 135 (1.48%) | 1 / 22 (4.55%) | 1 / 76 (1.32%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 1 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Respiratory failure | | | |
| subjects affected / exposed | 0 / 135 (0.00%) | 0 / 22 (0.00%) | 1 / 76 (1.32%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Pulmonary oedema | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (0.00%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Pleural effusion | | | |
| subjects affected / exposed | 0 / 135 (0.00%) | 0 / 22 (0.00%) | 2 / 76 (2.63%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 2 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Psychiatric disorders | | | |
| Confusional state | | | |
| subjects affected / exposed | 0 / 135 (0.00%) | 1 / 22 (4.55%) | 0 / 76 (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 |
| Product issues | | | |
| Device occlusion | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Investigations | | | |
| Blood creatinine increased | | | |

| | | | |
|---|-----------------|----------------|----------------|
| subjects affected / exposed | 2 / 135 (1.48%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Gamma-glutamyltransferase increased | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Urine output decreased | | | |
| subjects affected / exposed | 0 / 135 (0.00%) | 1 / 22 (4.55%) | 0 / 76 (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 |
| Injury, poisoning and procedural complications | | | |
| Femoral neck fracture | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Urinary tract injury | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 disorders | | | |
| Myocarditis | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Myocardial infarction | | | |
| subjects affected / exposed | 0 / 135 (0.00%) | 0 / 22 (0.00%) | 1 / 76 (1.32%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| Cardiac failure | | | |
| subjects affected / exposed | 0 / 135 (0.00%) | 0 / 22 (0.00%) | 1 / 76 (1.32%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |

| | | | |
|---|-----------------|----------------|----------------|
| Angina pectoris | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Pericarditis malignant | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 | | | |
| Intracranial pressure increased | | | |
| subjects affected / exposed | 0 / 135 (0.00%) | 0 / 22 (0.00%) | 1 / 76 (1.32%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Encephalopathy | | | |
| subjects affected / exposed | 2 / 135 (1.48%) | 0 / 22 (0.00%) | 0 / 76 (0.00%) |
| occurrences causally related to treatment / all | 1 / 3 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| Dysarthria | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Cognitive disorder | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Brain oedema | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Transient ischaemic attack | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 and lymphatic system disorders | | | |

| | | | |
|---|-----------------|----------------|----------------|
| Leukopenia | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Anaemia | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 2 / 76 (2.63%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 2 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Gastrointestinal disorders | | | |
| Abdominal adhesions | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 | 2 / 135 (1.48%) | 0 / 22 (0.00%) | 1 / 76 (1.32%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Ascites | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Colitis | | | |
| subjects affected / exposed | 4 / 135 (2.96%) | 1 / 22 (4.55%) | 0 / 76 (0.00%) |
| occurrences causally related to treatment / all | 5 / 5 | 1 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Diarrhoea | | | |
| subjects affected / exposed | 3 / 135 (2.22%) | 0 / 22 (0.00%) | 1 / 76 (1.32%) |
| occurrences causally related to treatment / all | 1 / 4 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Large intestinal stenosis | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Intestinal obstruction | | | |

| | | | |
|---|-----------------|----------------|----------------|
| subjects affected / exposed | 3 / 135 (2.22%) | 0 / 22 (0.00%) | 0 / 76 (0.00%) |
| occurrences causally related to treatment / all | 0 / 4 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Gastritis | | | |
| subjects affected / exposed | 2 / 135 (1.48%) | 0 / 22 (0.00%) | 0 / 76 (0.00%) |
| occurrences causally related to treatment / all | 4 / 6 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Gastric perforation | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 1 / 22 (4.55%) | 0 / 76 (0.00%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 1 | 0 / 0 |
| Enteritis | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Large intestine perforation | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Vomiting | | | |
| subjects affected / exposed | 3 / 135 (2.22%) | 0 / 22 (0.00%) | 0 / 76 (0.00%) |
| occurrences causally related to treatment / all | 0 / 3 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Upper gastrointestinal haemorrhage | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Small intestinal obstruction | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Rectal haemorrhage | | | |

| | | | |
|---|-----------------|----------------|----------------|
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Pancreatitis chronic | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Pancreatitis | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Nausea | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 1 / 22 (4.55%) | 0 / 76 (0.00%) |
| occurrences causally related to treatment / all | 0 / 1 | 1 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Hepatobiliary disorders | | | |
| Hypertransaminasaemia | | | |
| subjects affected / exposed | 0 / 135 (0.00%) | 0 / 22 (0.00%) | 1 / 76 (1.32%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 1 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Hepatitis | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 1 / 22 (4.55%) | 0 / 76 (0.00%) |
| occurrences causally related to treatment / all | 1 / 1 | 1 / 1 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Cholangitis | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 1 / 76 (1.32%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Biliary obstruction | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Jaundice | | | |

| | | | |
|---|-----------------|----------------|----------------|
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Skin and subcutaneous tissue disorders | | | |
| Pruritus | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Renal and urinary disorders | | | |
| Ureteric obstruction | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Tubulointerstitial nephritis | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Obstructive nephropathy | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Acute kidney injury | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (0.00%) |
| occurrences causally related to treatment / all | 0 / 3 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Endocrine disorders | | | |
| Hypopituitarism | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Hypophysitis | | | |
| subjects affected / exposed | 2 / 135 (1.48%) | 0 / 22 (0.00%) | 0 / 76 (0.00%) |
| occurrences causally related to treatment / all | 2 / 2 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |

| | | | |
|---|-----------------|----------------|----------------|
| Adrenocorticotrophic hormone deficiency | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Adrenocortical insufficiency acute | | | |
| subjects affected / exposed | 0 / 135 (0.00%) | 0 / 22 (0.00%) | 1 / 76 (1.32%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Adrenal insufficiency | | | |
| subjects affected / exposed | 2 / 135 (1.48%) | 0 / 22 (0.00%) | 0 / 76 (0.00%) |
| occurrences causally related to treatment / all | 2 / 2 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Hypothyroidism | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 1 / 76 (1.32%) |
| occurrences causally related to treatment / all | 1 / 1 | 0 / 0 | 1 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Thyroiditis | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Secondary adrenocortical insufficiency | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Musculoskeletal and connective tissue disorders | | | |
| Myositis | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Bone pain | | | |

| | | | |
|---|-----------------|----------------|----------------|
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Back pain | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 1 / 76 (1.32%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Osteonecrosis | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Pain in extremity | | | |
| subjects affected / exposed | 0 / 135 (0.00%) | 0 / 22 (0.00%) | 2 / 76 (2.63%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 2 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Pathological fracture | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 1 / 76 (1.32%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Infections and infestations | | | |
| COVID-19 | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Bronchopulmonary aspergillosis | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Anal abscess | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 abscess | | | |

| | | | |
|---|-----------------|----------------|----------------|
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Infection | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 1 / 76 (1.32%) |
| occurrences causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Lymph gland infection | | | |
| subjects affected / exposed | 0 / 135 (0.00%) | 0 / 22 (0.00%) | 1 / 76 (1.32%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Pelvic inflammatory disease | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Pneumonia | | | |
| subjects affected / exposed | 2 / 135 (1.48%) | 0 / 22 (0.00%) | 3 / 76 (3.95%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 0 | 1 / 3 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| Prostate infection | | | |
| subjects affected / exposed | 0 / 135 (0.00%) | 1 / 22 (4.55%) | 0 / 76 (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 |
| Respiratory tract infection | | | |
| subjects affected / exposed | 0 / 135 (0.00%) | 0 / 22 (0.00%) | 1 / 76 (1.32%) |
| occurrences causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Skin infection | | | |

| | | | |
|---|-----------------|----------------|----------------|
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Urinary tract infection | | | |
| subjects affected / exposed | 3 / 135 (2.22%) | 1 / 22 (4.55%) | 1 / 76 (1.32%) |
| occurrences causally related to treatment / all | 0 / 3 | 0 / 1 | 0 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |
| Urosepsis | | | |
| subjects affected / exposed | 2 / 135 (1.48%) | 2 / 22 (9.09%) | 0 / 76 (0.00%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 2 | 0 / 0 |
| deaths causally related to treatment / all | 0 / 1 | 0 / 0 | 0 / 0 |
| Metabolism and nutrition disorders | | | |
| Hypokalaemia | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (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 |
| Hyperglycaemia | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 0 / 22 (0.00%) | 0 / 76 (0.00%) |
| occurrences causally related to treatment / all | 1 / 1 | 0 / 0 | 0 / 0 |
| deaths causally related to treatment / all | 1 / 1 | 0 / 0 | 0 / 0 |
| Hypercalcaemia | | | |
| subjects affected / exposed | 2 / 135 (1.48%) | 0 / 22 (0.00%) | 1 / 76 (1.32%) |
| occurrences causally related to treatment / all | 0 / 2 | 0 / 0 | 1 / 1 |
| deaths causally related to treatment / all | 0 / 0 | 0 / 0 | 0 / 0 |

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

| Non-serious adverse events | Arm A: Nivolumab+Ipilimumab | Arm B: Nivolumab+Ipilimumab (Rollover) | Arm B: Nivolumab |
|---|--------------------------------|---|------------------|
| Total subjects affected by non-serious adverse events | | | |
| subjects affected / exposed | 121 / 135 (89.63%) | 13 / 22 (59.09%) | 64 / 76 (84.21%) |
| Vascular disorders | | | |
| Hypotension | | | |

| | | | |
|---|----------------------|---------------------|---------------------|
| subjects affected / exposed occurrences (all) | 7 / 135 (5.19%) 8 | 1 / 22 (4.55%) 2 | 0 / 76 (0.00%) 0 |
| General disorders and administration site conditions | | | |
| Pyrexia | | | |
| subjects affected / exposed | 21 / 135 (15.56%) | 2 / 22 (9.09%) | 10 / 76 (13.16%) |
| occurrences (all) | 35 | 2 | 13 |
| Oedema peripheral | | | |
| subjects affected / exposed | 22 / 135 (16.30%) | 0 / 22 (0.00%) | 5 / 76 (6.58%) |
| occurrences (all) | 32 | 0 | 6 |
| Fatigue | | | |
| subjects affected / exposed | 41 / 135 (30.37%) | 2 / 22 (9.09%) | 17 / 76 (22.37%) |
| occurrences (all) | 50 | 2 | 24 |
| Asthenia | | | |
| subjects affected / exposed | 16 / 135 (11.85%) | 1 / 22 (4.55%) | 10 / 76 (13.16%) |
| occurrences (all) | 25 | 3 | 12 |
| Respiratory, thoracic and mediastinal disorders | | | |
| Dyspnoea | | | |
| subjects affected / exposed | 20 / 135 (14.81%) | 1 / 22 (4.55%) | 5 / 76 (6.58%) |
| occurrences (all) | 20 | 2 | 6 |
| Cough | | | |
| subjects affected / exposed | 16 / 135 (11.85%) | 0 / 22 (0.00%) | 6 / 76 (7.89%) |
| occurrences (all) | 21 | 0 | 13 |
| Psychiatric disorders | | | |
| Insomnia | | | |
| subjects affected / exposed | 13 / 135 (9.63%) | 1 / 22 (4.55%) | 4 / 76 (5.26%) |
| occurrences (all) | 13 | 1 | 4 |
| Investigations | | | |
| Aspartate aminotransferase increased | | | |
| subjects affected / exposed | 20 / 135 (14.81%) | 1 / 22 (4.55%) | 12 / 76 (15.79%) |
| occurrences (all) | 26 | 1 | 12 |
| Amylase increased | | | |
| subjects affected / exposed | 7 / 135 (5.19%) | 0 / 22 (0.00%) | 4 / 76 (5.26%) |
| occurrences (all) | 17 | 0 | 5 |
| Alanine aminotransferase increased | | | |

| | | | |
|--|-------------------|-----------------|------------------|
| subjects affected / exposed | 19 / 135 (14.07%) | 2 / 22 (9.09%) | 8 / 76 (10.53%) |
| occurrences (all) | 33 | 3 | 8 |
| Blood alkaline phosphatase increased | | | |
| subjects affected / exposed | 13 / 135 (9.63%) | 1 / 22 (4.55%) | 8 / 76 (10.53%) |
| occurrences (all) | 24 | 1 | 10 |
| Blood bilirubin increased | | | |
| subjects affected / exposed | 10 / 135 (7.41%) | 0 / 22 (0.00%) | 7 / 76 (9.21%) |
| occurrences (all) | 13 | 0 | 9 |
| Blood creatinine increased | | | |
| subjects affected / exposed | 11 / 135 (8.15%) | 2 / 22 (9.09%) | 7 / 76 (9.21%) |
| occurrences (all) | 27 | 3 | 9 |
| Blood glucose increased | | | |
| subjects affected / exposed | 7 / 135 (5.19%) | 0 / 22 (0.00%) | 3 / 76 (3.95%) |
| occurrences (all) | 10 | 0 | 7 |
| Weight decreased | | | |
| subjects affected / exposed | 4 / 135 (2.96%) | 0 / 22 (0.00%) | 6 / 76 (7.89%) |
| occurrences (all) | 4 | 0 | 7 |
| Injury, poisoning and procedural complications | | | |
| Infusion related reaction | | | |
| subjects affected / exposed | 6 / 135 (4.44%) | 0 / 22 (0.00%) | 4 / 76 (5.26%) |
| occurrences (all) | 6 | 0 | 6 |
| Nervous system disorders | | | |
| Neuropathy peripheral | | | |
| subjects affected / exposed | 2 / 135 (1.48%) | 0 / 22 (0.00%) | 4 / 76 (5.26%) |
| occurrences (all) | 2 | 0 | 7 |
| Headache | | | |
| subjects affected / exposed | 11 / 135 (8.15%) | 2 / 22 (9.09%) | 4 / 76 (5.26%) |
| occurrences (all) | 16 | 2 | 8 |
| Blood and lymphatic system disorders | | | |
| Anaemia | | | |
| subjects affected / exposed | 32 / 135 (23.70%) | 3 / 22 (13.64%) | 16 / 76 (21.05%) |
| occurrences (all) | 62 | 3 | 19 |
| Thrombocytopenia | | | |
| subjects affected / exposed | 6 / 135 (4.44%) | 0 / 22 (0.00%) | 5 / 76 (6.58%) |
| occurrences (all) | 7 | 0 | 8 |
| Gastrointestinal disorders | | | |

| | | | |
|--|-------------------|-----------------|------------------|
| Dry mouth | | | |
| subjects affected / exposed | 6 / 135 (4.44%) | 0 / 22 (0.00%) | 6 / 76 (7.89%) |
| occurrences (all) | 6 | 0 | 9 |
| Diarrhoea | | | |
| subjects affected / exposed | 50 / 135 (37.04%) | 3 / 22 (13.64%) | 14 / 76 (18.42%) |
| occurrences (all) | 84 | 12 | 40 |
| Constipation | | | |
| subjects affected / exposed | 23 / 135 (17.04%) | 1 / 22 (4.55%) | 10 / 76 (13.16%) |
| occurrences (all) | 28 | 1 | 11 |
| Abdominal pain upper | | | |
| subjects affected / exposed | 7 / 135 (5.19%) | 2 / 22 (9.09%) | 4 / 76 (5.26%) |
| occurrences (all) | 10 | 3 | 4 |
| Abdominal pain | | | |
| subjects affected / exposed | 23 / 135 (17.04%) | 1 / 22 (4.55%) | 6 / 76 (7.89%) |
| occurrences (all) | 24 | 1 | 7 |
| Nausea | | | |
| subjects affected / exposed | 19 / 135 (14.07%) | 4 / 22 (18.18%) | 15 / 76 (19.74%) |
| occurrences (all) | 26 | 4 | 19 |
| Colitis | | | |
| subjects affected / exposed | 1 / 135 (0.74%) | 2 / 22 (9.09%) | 0 / 76 (0.00%) |
| occurrences (all) | 1 | 2 | 0 |
| Vomiting | | | |
| subjects affected / exposed | 19 / 135 (14.07%) | 3 / 22 (13.64%) | 7 / 76 (9.21%) |
| occurrences (all) | 31 | 3 | 12 |
| Skin and subcutaneous tissue disorders | | | |
| Rash | | | |
| subjects affected / exposed | 25 / 135 (18.52%) | 1 / 22 (4.55%) | 7 / 76 (9.21%) |
| occurrences (all) | 30 | 1 | 14 |
| Pruritus | | | |
| subjects affected / exposed | 36 / 135 (26.67%) | 8 / 22 (36.36%) | 15 / 76 (19.74%) |
| occurrences (all) | 65 | 10 | 25 |
| Dry skin | | | |
| subjects affected / exposed | 6 / 135 (4.44%) | 2 / 22 (9.09%) | 2 / 76 (2.63%) |
| occurrences (all) | 8 | 2 | 2 |
| Endocrine disorders | | | |

| | | | |
|---|-------------------------|----------------------|------------------------|
| Hypothyroidism subjects affected / exposed occurrences (all) | 18 / 135 (13.33%) 20 | 0 / 22 (0.00%) 0 | 11 / 76 (14.47%) 11 |
| Hyperthyroidism subjects affected / exposed occurrences (all) | 15 / 135 (11.11%) 15 | 1 / 22 (4.55%) 1 | 3 / 76 (3.95%) 3 |
| Musculoskeletal and connective tissue disorders | | | |
| Pain in extremity subjects affected / exposed occurrences (all) | 7 / 135 (5.19%) 9 | 0 / 22 (0.00%) 0 | 2 / 76 (2.63%) 2 |
| Neck pain subjects affected / exposed occurrences (all) | 1 / 135 (0.74%) 1 | 0 / 22 (0.00%) 0 | 4 / 76 (5.26%) 5 |
| Arthralgia subjects affected / exposed occurrences (all) | 22 / 135 (16.30%) 29 | 0 / 22 (0.00%) 0 | 7 / 76 (9.21%) 10 |
| Back pain subjects affected / exposed occurrences (all) | 18 / 135 (13.33%) 18 | 1 / 22 (4.55%) 1 | 5 / 76 (6.58%) 7 |
| Myalgia subjects affected / exposed occurrences (all) | 11 / 135 (8.15%) 11 | 1 / 22 (4.55%) 1 | 8 / 76 (10.53%) 10 |
| Infections and infestations | | | |
| Urinary tract infection subjects affected / exposed occurrences (all) | 12 / 135 (8.89%) 17 | 4 / 22 (18.18%) 6 | 2 / 76 (2.63%) 2 |
| Pharyngitis subjects affected / exposed occurrences (all) | 1 / 135 (0.74%) 1 | 2 / 22 (9.09%) 2 | 0 / 76 (0.00%) 0 |
| COVID-19 subjects affected / exposed occurrences (all) | 10 / 135 (7.41%) 10 | 1 / 22 (4.55%) 1 | 2 / 76 (2.63%) 2 |
| Metabolism and nutrition disorders | | | |
| Decreased appetite subjects affected / exposed occurrences (all) | 28 / 135 (20.74%) 30 | 2 / 22 (9.09%) 2 | 6 / 76 (7.89%) 6 |

| | | | |
|-----------------------------|------------------|----------------|----------------|
| Hyperglycaemia | | | |
| subjects affected / exposed | 8 / 135 (5.93%) | 1 / 22 (4.55%) | 3 / 76 (3.95%) |
| occurrences (all) | 8 | 2 | 4 |
| Hypoalbuminaemia | | | |
| subjects affected / exposed | 7 / 135 (5.19%) | 1 / 22 (4.55%) | 3 / 76 (3.95%) |
| occurrences (all) | 10 | 1 | 3 |
| Hypocalcaemia | | | |
| subjects affected / exposed | 8 / 135 (5.93%) | 0 / 22 (0.00%) | 1 / 76 (1.32%) |
| occurrences (all) | 11 | 0 | 1 |
| Hypokalaemia | | | |
| subjects affected / exposed | 12 / 135 (8.89%) | 1 / 22 (4.55%) | 1 / 76 (1.32%) |
| occurrences (all) | 15 | 1 | 1 |
| Hyponatraemia | | | |
| subjects affected / exposed | 11 / 135 (8.15%) | 1 / 22 (4.55%) | 3 / 76 (3.95%) |
| occurrences (all) | 11 | 1 | 3 |
| Hypophosphataemia | | | |
| subjects affected / exposed | 5 / 135 (3.70%) | 2 / 22 (9.09%) | 1 / 76 (1.32%) |
| occurrences (all) | 7 | 2 | 1 |

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

| Date | Amendment |
|------------------|--|
| 11 December 2018 | Study design update |
| 14 August 2019 | pre-screening and enrollment requirements update |
| 04 May 2021 | Statistical analysis population clarification |

Notes:

Interruptions (globally)

Were there any global interruptions to the trial? No

Limitations and caveats

None reported