

**Clinical trial results:****A Phase 1/2, Open-label, Multicenter Study of the Combination of NKTR-214 and Nivolumab or the Combination of NKTR-214, Nivolumab, and Other Anti-Cancer Therapies in Patients with Select Locally Advanced or Metastatic Solid Tumor Malignancies****Summary**

| | |
|--------------------------|----------------|
| EudraCT number | 2016-003543-11 |
| Trial protocol | GB ES BE FR |
| Global end of trial date | 28 April 2022 |

Results information

| | |
|--------------------------------|-----------------|
| Result version number | v1 (current) |
| This version publication date | 04 January 2023 |
| First version publication date | 04 January 2023 |

Trial information**Trial identification**

| | |
|-----------------------|-----------|
| Sponsor protocol code | 16-214-02 |
|-----------------------|-----------|

Additional study identifiers

| | |
|------------------------------------|-------------|
| ISRCTN number | - |
| ClinicalTrials.gov id (NCT number) | NCT02983045 |
| WHO universal trial number (UTN) | - |

Notes:

Sponsors

| | |
|------------------------------|--|
| Sponsor organisation name | Nektar Therapeutics |
| Sponsor organisation address | 455 Mission Bay Boulevard South, San Francisco, United States, |
| Public contact | Clinical Trial Information Desk, Nektar Therapeutics Contact Center, +1 855482 8676, studyinquiry@nektar.com |
| Scientific contact | Clinical Trial Information Desk, Nektar Therapeutics Contact Center, +1 855482 8676, studyinquiry@nektar.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 | 16 May 2022 |
| Is this the analysis of the primary completion data? | No |
| Global end of trial reached? | Yes |
| Global end of trial date | 28 April 2022 |
| Was the trial ended prematurely? | No |

Notes:

General information about the trial

Main objective of the trial:

- To evaluate the safety and tolerability, and define the maximum tolerated dose (MTD) and/or recommended Phase 2 dose (RP2D) of NKTR-214 in combination with nivolumab or in combination with nivolumab and other anti-cancer therapies
- To evaluate the efficacy of NKTR-214 in combination with nivolumab or in combination with nivolumab and other anti-cancer therapies by assessing the objective response rate (ORR) by Response Evaluation Criteria in Solid Tumors version 1.1 (RECIST 1.1) at the RP2D

Protection of trial subjects:

NKTR-214 was designed to mitigate the serious toxicities associated with rapid systemic immune activation seen with administration of aldesleukin. The goal of engineering a polyethylene glycolylated form of interleukin-2 that reduces the treatment-limiting toxicities of Idesleukin, i.e., those necessitating in-hospital administration, appears to have been realized with NKTR-214 at the doses tested. The safety profiles of nivolumab and ipilimumab are well characterized and manageable when administered alone or in combination, including regimens where they are administered in combination with additional immuno-oncology products. Nonclinical data as well as clinical experience with high-dose interleukin-2 and checkpoint inhibitor combinations indicate the potential for improvement in therapeutic response compared with either agent given alone. Thus, the potential benefit of combination therapy appears to outweigh the known risks of these agents and warrants clinical investigation.

The detailed and frequent safety monitoring that will be undertaken in this open-label study precludes the necessity for an independent Data Monitoring Committee. A separate Safety Review Committee will meet to review safety data.

Background therapy: -

Evidence for comparator: -

| | |
|---|------------------|
| Actual start date of recruitment | 09 December 2016 |
| Long term follow-up planned | No |
| Independent data monitoring committee (IDMC) involvement? | No |

Notes:

Population of trial subjects

Subjects enrolled per country

| | |
|--------------------------------------|--------------------|
| Country: Number of subjects enrolled | Poland: 23 |
| Country: Number of subjects enrolled | Spain: 47 |
| Country: Number of subjects enrolled | United Kingdom: 6 |
| Country: Number of subjects enrolled | Belgium: 29 |
| Country: Number of subjects enrolled | France: 14 |
| Country: Number of subjects enrolled | Italy: 35 |
| Country: Number of subjects enrolled | Canada: 27 |
| Country: Number of subjects enrolled | United States: 376 |

| | |
|------------------------------------|-----|
| Worldwide total number of subjects | 557 |
| EEA total number of subjects | 148 |

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) | 310 |
| From 65 to 84 years | 245 |
| 85 years and over | 2 |

Subject disposition

Recruitment

Recruitment details:

This study was conducted in the US (30 centers); Spain (7 centers); Canada and Italy (5 centers each); Belgium, France, and Poland (4 centers each); and the United Kingdom (2 centers).

Pre-assignment

Screening details:

Adults with select locally advanced or metastatic solid tumor malignancies who had melanoma, renal cell carcinoma, non-small cell lung cancer, urothelial carcinoma, triple-negative breast cancer, hormone receptor positive human epidermal growth factor receptor 2 breast cancer, gastric cancer, colorectal carcinoma or small cell lung cancer

Period 1

| | |
|------------------------------|--|
| Period 1 title | Treatment Period (Baseline) (overall period) |
| Is this the baseline period? | Yes |
| Allocation method | Non-randomised - controlled |
| Blinding used | Not blinded |

Arms

| | |
|------------------------------|--------------------------|
| Are arms mutually exclusive? | Yes |
| Arm title | Part 1 - Dose Escalation |

Arm description:

Dose escalation for the doublet (NKTR-214 + nivolumab)

Part 1 consisted of following 5 treatment cohorts:

NKTR-214 0.006 mg/kg every 3 weeks (q3w) + nivolumab 240 mg every 2 weeks (q2w)

NKTR-214 0.006 mg/kg q2w + nivolumab 240 mg q2w

NKTR-214 0.003 mg/kg q2w + nivolumab 240 mg q2w

NKTR-214 0.006 mg/kg q3w + nivolumab 360 mg q3w

NKTR-214 0.009 mg/kg q3w + nivolumab 360 mg q3w

NKTR-214 + nivolumab were administered on Day 1 (± 3 days) of each treatment cycle

| | |
|--|-----------------------------------|
| Arm type | Experimental |
| Investigational medicinal product name | NKTR-214 |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Powder for solution for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

Dosage Level 1: 0.006 mg/kg every 3 weeks

Dosage Level 2: 0.006 mg/kg every 2 weeks

Dosage Level 3: 0.003 mg/kg every 2 weeks

Dosage Level 4: 0.006 mg/kg every 3 weeks

Dosage Level 5: 0.009 mg/kg every 3 weeks

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

Dosage and administration details:

Dosage level 1: 240 mg every 2 weeks

Dosage level 2: 240 mg every 2 weeks

Dosage level 3: 240 mg every 2 weeks

Dosage level 4: 360 mg every 3 weeks

Dosage level 5: 360 mg every 3 weeks

| | |
|------------------|-------------------------|
| Arm title | Part 2 - Dose Expansion |
|------------------|-------------------------|

Arm description:

Dose expansion for the doublet (NKTR-214 + nivolumab ± chemotherapy)

The recommended Phase 2 dose determined in Part 1 (NKTR-214 0.006 mg/kg every 3 weeks + nivolumab 360 mg every 3 weeks) was administered on Day 1 (± 3 days) of each treatment cycle with or without chemotherapy.

| | |
|--|-----------------------------------|
| Arm type | Experimental |
| Investigational medicinal product name | NKTR-214 |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Powder for solution for injection |
| Routes of administration | Intravascular use |

Dosage and administration details:

0.006 mg/kg every 3 weeks

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

Dosage and administration details:

360 mg every 3 weeks

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

Dosage and administration details:

The dose determined in Part 1 (NKTR-214 0.006 mg/kg every 3 weeks + nivolumab 360 mg every 3 weeks) was administered on Day 1 (± 3 days) of each treatment cycle with or without chemotherapy. Chemotherapy treatment was as follows:

Cohorts 3d.1:

Cisplatin 75 mg/m² or carboplatin area under the concentration-time curve 5 + pemetrexed 500 mg/m² every 3 weeks × 4 cycles then pemetrexed every 3 weeks

Cohort 3e:

paclitaxel 200 mg/m² every 3 weeks or nab-paclitaxel 100 mg/m² on Days 1, 8, and 15 of each 21-day cycle × 4 cycles with carboplatin AUC 6 every 3 weeks × 4 cycles or cisplatin 75 mg/m² every 3 weeks × 4 cycles

Patients were premedicated with folic acid, vitamin B12, and glucocorticoids according to local guidelines for pemetrexed.

| | |
|------------------|---------------------------|
| Arm title | Part 3 - Schedule Finding |
|------------------|---------------------------|

Arm description:

Schedule finding for the triplet (NKTR-214 + nivolumab + ipilimumab)

| | |
|--|-----------------------------------|
| Arm type | Experimental |
| Investigational medicinal product name | NKTR-214 |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Powder for solution for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

- Schedule 1:

NKTR-214: 0.006 mg/kg every 3 weeks

Nivolumab: 360 mg every 3 weeks

Ipilimumab: 1 mg/kg every 6 weeks with the NKTR-214 and nivolumab doublet combination starting at Cycle 1 Day 1

- Schedule 2:
 NKTR-214: 0.006 mg/kg every 3 weeks
 Nivolumab: 1 mg/kg every 3 weeks
 Ipilimumab: 3 mg/kg every 3 weeks x 4 doses

- Schedule 3:
 NKTR-214: 0.006 mg/kg every 3 weeks
 Nivolumab: 3 mg/kg every 3 weeks
 Ipilimumab: 1 mg/kg every 3 weeks x 4 doses

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

Dosage and administration details:

- Schedule 1:
 NKTR-214: 0.006 mg/kg every 3 weeks
 Nivolumab: 360 mg every 3 weeks
 Ipilimumab: 1 mg/kg every 6 weeks with the NKTR-214 and nivolumab doublet combination starting at Cycle 1 Day 1

- Schedule 2:
 NKTR-214: 0.006 mg/kg every 3 weeks
 Nivolumab: 1 mg/kg every 3 weeks
 Ipilimumab: 3 mg/kg every 3 weeks x 4 doses

- Schedule 3:
 NKTR-214: 0.006 mg/kg every 3 weeks
 Nivolumab: 3 mg/kg every 3 weeks
 Ipilimumab: 1 mg/kg every 3 weeks x 4 doses

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

Dosage and administration details:

- Schedule 1:
 NKTR-214: 0.006 mg/kg every 3 weeks
 Nivolumab: 360 mg every 3 weeks
 Ipilimumab: 1 mg/kg every 6 weeks with the NKTR-214 and nivolumab doublet combination starting at Cycle 1 Day 1

- Schedule 2:
 NKTR-214: 0.006 mg/kg every 3 weeks
 Nivolumab: 1 mg/kg every 3 weeks
 Ipilimumab: 3 mg/kg every 3 weeks x 4 doses

- Schedule 3:
 NKTR-214: 0.006 mg/kg every 3 weeks
 Nivolumab: 3 mg/kg every 3 weeks
 Ipilimumab: 1 mg/kg every 3 weeks x 4 doses

| | |
|------------------|-------------------------|
| Arm title | Part 4 - Dose Expansion |
|------------------|-------------------------|

Arm description:

Dose expansion for the triplet (NKTR-214 + nivolumab + ipilimumab)

| | |
|--|-----------------------------------|
| Arm type | Experimental |
| Investigational medicinal product name | NKTR-214 |
| Investigational medicinal product code | |
| Other name | |
| Pharmaceutical forms | Powder for solution for injection |
| Routes of administration | Intravenous use |

Dosage and administration details:

- Schedule 1:

NKTR-214: 0.006 mg/kg every 3 weeks

Nivolumab: 360 mg every 3 weeks

Ipilimumab: 1 mg/kg every 6 weeks

- Schedule 2:

NKTR-214: 0.006 mg/kg every 3 weeks

Nivolumab: 3 mg/kg every 3 weeks

Ipilimumab: 1 mg/kg every 3 weeks x 4 doses

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

Dosage and administration details:

- Schedule 1:

NKTR-214: 0.006 mg/kg every 3 weeks

Nivolumab: 360 mg every 3 weeks

Ipilimumab: 1 mg/kg every 6 weeks

- Schedule 2:

NKTR-214: 0.006 mg/kg every 3 weeks

Nivolumab: 3 mg/kg every 3 weeks

Ipilimumab: 1 mg/kg every 3 weeks x 4 doses

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

Dosage and administration details:

- Schedule 1:

NKTR-214: 0.006 mg/kg every 3 weeks

Nivolumab: 360 mg every 3 weeks

Ipilimumab: 1 mg/kg every 6 weeks

- Schedule 2:

NKTR-214: 0.006 mg/kg every 3 weeks

Nivolumab: 3 mg/kg every 3 weeks

Ipilimumab: 1 mg/kg every 3 weeks x 4 doses

| Number of subjects in period 1 | Part 1 - Dose Escalation | Part 2 - Dose Expansion | Part 3 - Schedule Finding |
|--------------------------------|--------------------------|-------------------------|---------------------------|
| Started | 38 | 476 | 24 |
| Completed | 0 | 0 | 0 |
| Not completed | 38 | 476 | 24 |
| Adverse event, serious fatal | - | 17 | 2 |
| Consent withdrawn by subject | 2 | 29 | 1 |
| Physician decision | 2 | 8 | 1 |
| Adverse event, non-fatal | 9 | 39 | 4 |
| Maximal response | 7 | 33 | 4 |
| Progressive disease by RECIST | 16 | 322 | 10 |

| | | | |
|--|---|----|---|
| Progressive disease clinical progression | 2 | 28 | 2 |
|--|---|----|---|

| Number of subjects in period 1 | Part 4 - Dose Expansion |
|--|-------------------------|
| Started | 19 |
| Completed | 0 |
| Not completed | 19 |
| Adverse event, serious fatal | - |
| Consent withdrawn by subject | 1 |
| Physician decision | - |
| Adverse event, non-fatal | 6 |
| Maximal response | 1 |
| Progressive disease by RECIST | 9 |
| Progressive disease clinical progression | 2 |

Baseline characteristics

Reporting groups

| | |
|-----------------------|--------------------------|
| Reporting group title | Part 1 - Dose Escalation |
|-----------------------|--------------------------|

Reporting group description:

Dose escalation for the doublet (NKTR-214 + nivolumab)

Part 1 consisted of following 5 treatment cohorts:

NKTR-214 0.006 mg/kg every 3 weeks (q3w) + nivolumab 240 mg every 2 weeks (q2w)

NKTR-214 0.006 mg/kg q2w + nivolumab 240 mg q2w

NKTR-214 0.003 mg/kg q2w + nivolumab 240 mg q2w

NKTR-214 0.006 mg/kg q3w + nivolumab 360 mg q3w

NKTR-214 0.009 mg/kg q3w + nivolumab 360 mg q3w

NKTR-214 + nivolumab were administered on Day 1 (± 3 days) of each treatment cycle

| | |
|-----------------------|-------------------------|
| Reporting group title | Part 2 - Dose Expansion |
|-----------------------|-------------------------|

Reporting group description:

Dose expansion for the doublet (NKTR-214 + nivolumab \pm chemotherapy)

The recommended Phase 2 dose determined in Part 1 (NKTR-214 0.006 mg/kg every 3 weeks + nivolumab 360 mg every 3 weeks) was administered on Day 1 (± 3 days) of each treatment cycle with or without chemotherapy.

| | |
|-----------------------|---------------------------|
| Reporting group title | Part 3 - Schedule Finding |
|-----------------------|---------------------------|

Reporting group description:

Schedule finding for the triplet (NKTR-214 + nivolumab + ipilimumab)

| | |
|-----------------------|-------------------------|
| Reporting group title | Part 4 - Dose Expansion |
|-----------------------|-------------------------|

Reporting group description:

Dose expansion for the triplet (NKTR-214 + nivolumab + ipilimumab)

| Reporting group values | Part 1 - Dose Escalation | Part 2 - Dose Expansion | Part 3 - Schedule Finding |
|----------------------------------|--------------------------|-------------------------|---------------------------|
| Number of subjects | 38 | 476 | 24 |
| Age categorical | | | |
| Units: Subjects | | | |
| Adults (18-64 years) | 30 | 253 | 15 |
| Adults (65-74 years) | 8 | 162 | 7 |
| Adults (75 years and older) | 0 | 61 | 2 |
| Age continuous | | | |
| Units: years | | | |
| arithmetic mean | 58.5 | 62.1 | 61.2 |
| standard deviation | ± 9.40 | ± 11.48 | ± 9.35 |
| Gender categorical | | | |
| Units: Subjects | | | |
| Female | 8 | 207 | 1 |
| Male | 30 | 269 | 23 |
| Race | | | |
| Units: Subjects | | | |
| White | 36 | 413 | 20 |
| Black or African American | 2 | 16 | 2 |
| Asian | 0 | 13 | 0 |
| American Indian or Alaska Native | 0 | 2 | 0 |
| Other | 0 | 23 | 2 |
| Multiple | 0 | 1 | 0 |
| Not reported | 0 | 0 | 0 |
| Missing | 0 | 8 | 0 |

| | | | |
|--|----------|----------|----------|
| Ethnicity Units: Subjects | | | |
| Not Hispanic or Latino | 33 | 413 | 19 |
| Hispanic or Latino | 4 | 35 | 5 |
| Not reported | 0 | 13 | 0 |
| Unknown | 1 | 13 | 0 |
| Missing | 0 | 2 | 0 |
| Region Units: Subjects | | | |
| US/Canada | 38 | 322 | 24 |
| Europe | 0 | 154 | 0 |
| Eastern Cooperative Oncology Group (ECOG) Scale Units: Subjects | | | |
| ECOG Score 0 | 26 | 221 | 17 |
| ECOG Score 1 | 12 | 254 | 7 |
| ECOG Score greater than 1 | 0 | 0 | 0 |
| Missing | 0 | 1 | 0 |
| Smoking history Units: Subjects | | | |
| Current | 1 | 53 | 2 |
| Former | 3 | 240 | 11 |
| Never | 1 | 164 | 11 |
| Unknown | 33 | 19 | 0 |
| Weight Units: kilograms | | | |
| arithmetic mean | 91.04 | 79.52 | 94.30 |
| standard deviation | ± 18.826 | ± 18.822 | ± 19.749 |
| Body mass index Units: kilogram(s)/square metre | | | |
| arithmetic mean | 29.41 | 27.24 | 29.87 |
| standard deviation | ± 4.851 | ± 5.433 | ± 4.786 |

| Reporting group values | Part 4 - Dose Expansion | Total | |
|---------------------------------------|-------------------------|-------|--|
| Number of subjects | 19 | 557 | |
| Age categorical Units: Subjects | | | |
| Adults (18-64 years) | 12 | 310 | |
| Adults (65-74 years) | 6 | 183 | |
| Adults (75 years and older) | 1 | 64 | |
| Age continuous Units: years | | | |
| arithmetic mean | 59.1 | - | |
| standard deviation | ± 12.63 | - | |
| Gender categorical Units: Subjects | | | |
| Female | 5 | 221 | |
| Male | 14 | 336 | |
| Race Units: Subjects | | | |
| White | 17 | 486 | |

| | | | |
|---|----------|-----|--|
| Black or African American | 0 | 20 | |
| Asian | 0 | 13 | |
| American Indian or Alaska Native | 0 | 2 | |
| Other | 2 | 27 | |
| Multiple | 0 | 1 | |
| Not reported | 0 | 0 | |
| Missing | 0 | 8 | |
| Ethnicity | | | |
| Units: Subjects | | | |
| Not Hispanic or Latino | 15 | 480 | |
| Hispanic or Latino | 2 | 46 | |
| Not reported | 0 | 13 | |
| Unknown | 2 | 16 | |
| Missing | 0 | 2 | |
| Region | | | |
| Units: Subjects | | | |
| US/Canada | 19 | 403 | |
| Europe | 0 | 154 | |
| Eastern Cooperative Oncology Group (ECOG) Scale | | | |
| Units: Subjects | | | |
| ECOG Score 0 | 12 | 276 | |
| ECOG Score 1 | 7 | 280 | |
| ECOG Score greater than 1 | 0 | 0 | |
| Missing | 0 | 1 | |
| Smoking history | | | |
| Units: Subjects | | | |
| Current | 1 | 57 | |
| Former | 8 | 262 | |
| Never | 10 | 186 | |
| Unknown | 0 | 52 | |
| Weight | | | |
| Units: kilograms | | | |
| arithmetic mean | 85.49 | | |
| standard deviation | ± 16.686 | - | |
| Body mass index | | | |
| Units: kilogram(s)/square metre | | | |
| arithmetic mean | 29.39 | | |
| standard deviation | ± 5.418 | - | |

End points

End points reporting groups

| | |
|--|---------------------------|
| Reporting group title | Part 1 - Dose Escalation |
| Reporting group description: Dose escalation for the doublet (NKTR-214 + nivolumab) Part 1 consisted of following 5 treatment cohorts: NKTR-214 0.006 mg/kg every 3 weeks (q3w) + nivolumab 240 mg every 2 weeks (q2w) NKTR-214 0.006 mg/kg q2w + nivolumab 240 mg q2w NKTR-214 0.003 mg/kg q2w + nivolumab 240 mg q2w NKTR-214 0.006 mg/kg q3w + nivolumab 360 mg q3w NKTR-214 0.009 mg/kg q3w + nivolumab 360 mg q3w NKTR-214 + nivolumab were administered on Day 1 (± 3 days) of each treatment cycle | |
| Reporting group title | Part 2 - Dose Expansion |
| Reporting group description: Dose expansion for the doublet (NKTR-214 + nivolumab \pm chemotherapy) The recommended Phase 2 dose determined in Part 1 (NKTR-214 0.006 mg/kg every 3 weeks + nivolumab 360 mg every 3 weeks) was administered on Day 1 (± 3 days) of each treatment cycle with or without chemotherapy. | |
| Reporting group title | Part 3 - Schedule Finding |
| Reporting group description: Schedule finding for the triplet (NKTR-214 + nivolumab + ipilimumab) | |
| Reporting group title | Part 4 - Dose Expansion |
| Reporting group description: Dose expansion for the triplet (NKTR-214 + nivolumab + ipilimumab) | |
| Subject analysis set title | Part 1: Cohort 1 |
| Subject analysis set type | Sub-group analysis |
| Subject analysis set description: NKTR-214 0.006 mg/kg every 3 weeks + Nivolumab 240 mg every 2 weeks | |
| Subject analysis set title | Part 1: Cohort 2 |
| Subject analysis set type | Sub-group analysis |
| Subject analysis set description: NKTR-214 0.006 mg/kg every 2 weeks + Nivolumab 240 mg every 2 weeks | |
| Subject analysis set title | Part 1: Cohort 3 |
| Subject analysis set type | Sub-group analysis |
| Subject analysis set description: NKTR-214 0.003 mg/kg every 2 weeks + Nivolumab 240 mg every 2 weeks | |
| Subject analysis set title | Part 1: Cohort 4 |
| Subject analysis set type | Sub-group analysis |
| Subject analysis set description: NKTR-214 0.006 mg/kg every 3 weeks + Nivolumab 360 mg every 3 weeks | |
| Subject analysis set title | Part 1: Cohort 5 |
| Subject analysis set type | Sub-group analysis |
| Subject analysis set description: NKTR-214 0.009 mg/kg every 3 weeks + Nivolumab 360 mg every 3 weeks | |
| Subject analysis set title | Part 3: Schedule 1 |
| Subject analysis set type | Sub-group analysis |
| Subject analysis set description: Participants assigned to schedule 1 dosing: NKTR-214 0.006 mg/kg every 3 weeks and Nivolumab: 360 mg every 3 weeks plus Ipilimumab 1 mg/kg every 6 weeks | |
| Subject analysis set title | Part 3: Schedule 2 |
| Subject analysis set type | Sub-group analysis |

Subject analysis set description:

Participants assigned to schedule 2 dosing:

NKTR-214 0.006 mg/kg every 3 weeks and Nivolumab: 1 mg/kg every 3 weeks x 4 doses plus Ipilimumab 3 mg/kg every 3 weeks x 4 doses, followed by a maintenance dose of NKTR-214 0.006 mg/kg every 3 weeks plus Nivolumab 360 mg every 3 weeks

| | |
|----------------------------|--------------------|
| Subject analysis set title | Part 3: Schedule 3 |
| Subject analysis set type | Sub-group analysis |

Subject analysis set description:

Participants assigned to schedule 3 dosing:

NKTR-214 0.006 mg/kg every 3 weeks and Nivolumab: 3 mg/kg every 3 weeks x 4 doses plus Ipilimumab 1 mg/kg every 3 weeks x 4 doses, followed by a maintenance dose of NKTR-214 0.006 mg/kg every 3 weeks plus Nivolumab 360 mg every 3 weeks

Primary: Part 1: Incidence of dose-limiting toxicity (DLT) during the DLT evaluation window

| | |
|-----------------|---|
| End point title | Part 1: Incidence of dose-limiting toxicity (DLT) during the DLT evaluation window ^[1] |
|-----------------|---|

End point description:

Part 1 of the study was a dose-escalation phase that evaluated the safety and tolerability and defined the maximum tolerated dose or recommended Phase 2 dose of the NKTR-214/nivolumab doublet across 5 dosage/schedule levels. The results presented are for the DLT Population.

| | |
|----------------|---------|
| End point type | Primary |
|----------------|---------|

End point timeframe:

Includes DLTs that occurred within the DLT window of at least 21 days after the first dose of study treatment (28 days for every 2 weeks dosing; 21 days for every 3 weeks dosing). Patients were counted only once under each preferred term.

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: No statistical analysis was performed for this endpoint.

| End point values | Part 1: Cohort 1 | Part 1: Cohort 2 | Part 1: Cohort 3 | Part 1: Cohort 4 |
|--|----------------------|----------------------|----------------------|----------------------|
| Subject group type | Subject analysis set | Subject analysis set | Subject analysis set | Subject analysis set |
| Number of subjects analysed | 4 | 3 | 3 | 24 |
| Units: number of participants | | | | |
| At least 1 DLT | 0 | 0 | 0 | 0 |
| Metabolism and Nutrition Disorders: Acidosis | 0 | 0 | 0 | 0 |
| Metabolism and Nutrition Disorders: Hyperglycaemia | 0 | 0 | 0 | 0 |
| Vascular Disorders: Hypotension | 0 | 0 | 0 | 0 |

| End point values | Part 1: Cohort 5 | | | |
|--|----------------------|--|--|--|
| Subject group type | Subject analysis set | | | |
| Number of subjects analysed | 3 | | | |
| Units: number of participants | | | | |
| At least 1 DLT | 2 | | | |
| Metabolism and Nutrition Disorders: Acidosis | 1 | | | |
| Metabolism and Nutrition Disorders: Hyperglycaemia | 1 | | | |
| Vascular Disorders: Hypotension | 1 | | | |

Statistical analyses

No statistical analyses for this end point

Primary: Part 3: Incidence of dose-limiting toxicity (DLT) during the DLT evaluation window

| | |
|-----------------|---|
| End point title | Part 3: Incidence of dose-limiting toxicity (DLT) during the DLT evaluation window ^[2] |
|-----------------|---|

End point description:

Part 3 of the study was a schedule finding phase to establish the recommended phase 2 dosing schedules for Part 4 and assess the safety and tolerability for the NKTR-214/nivolumab/ipilimumab triplet combination. The results presented are for the DLT Population.

| | |
|----------------|---------|
| End point type | Primary |
|----------------|---------|

End point timeframe:

Dose-limiting toxicities (DLTs) were assessed during a 3-week (21-day) DLT evaluation period beginning with the first dose of ipilimumab.

Notes:

[2] - 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: No statistical analysis was performed for this endpoint.

| End point values | Part 3: Schedule 1 | Part 3: Schedule 2 | Part 3: Schedule 3 | |
|---|-----------------------|-----------------------|-----------------------|--|
| Subject group type | Subject analysis set | Subject analysis set | Subject analysis set | |
| Number of subjects analysed | 10 | 8 | 6 | |
| Units: number of participants | | | | |
| Patients with at least one event | 1 | 1 | 1 | |
| Endocrine disorders: Adrenal insufficiency | 0 | 1 | 0 | |
| Endocrine disorders: Hyperthyroidism | 0 | 0 | 1 | |
| Metabolism and nutrition disorders: Hyponatraemia | 1 | 0 | 0 | |

Statistical analyses

No statistical analyses for this end point

Primary: Part 2: Objective Response Rate

| | |
|-----------------|---|
| End point title | Part 2: Objective Response Rate ^{[3][4]} |
|-----------------|---|

End point description:

Response Evaluable Population presented, based on BICR assessment.

Overall response rate = complete response + partial response

| | |
|----------------|---------|
| End point type | Primary |
|----------------|---------|

End point timeframe:

Tumor assessment at Screening then every 8 weeks (\pm 7 days) from Cycle 1 Day 1 and end of treatment (unless scan done within 4 weeks).

Notes:

[3] - 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: No statistical analysis was performed for this endpoint.

[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: Endpoints are presented by individual reporting groups.

| End point values | Part 2 - Dose Expansion | | | |
|-----------------------------|-------------------------|--|--|--|
| Subject group type | Reporting group | | | |
| Number of subjects analysed | 429 | | | |
| Units: participants | | | | |
| Objective Response Rate | 64 | | | |

Statistical analyses

No statistical analyses for this end point

Primary: Part 4: Objective Response Rate

End point title | Part 4: Objective Response Rate^{[5][6]}

End point description:

Response Evaluable Population presented, based on BICR assessment.

Overall response rate = complete response + partial response

End point type | Primary

End point timeframe:

Tumor assessment at Screening then every 8 weeks (\pm 7 days) from Cycle 1 Day 1 and end of treatment (unless scan done within 4 weeks).

Notes:

[5] - 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: No statistical analysis was performed for this endpoint.

[6] - 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: Endpoints are presented by individual reporting groups.

| End point values | Part 4 - Dose Expansion | | | |
|-----------------------------|-------------------------|--|--|--|
| Subject group type | Reporting group | | | |
| Number of subjects analysed | 17 | | | |
| Units: participants | | | | |
| Objective Response Rate | 3 | | | |

Statistical analyses

No statistical analyses for this end point

Adverse events

Adverse events information

Timeframe for reporting adverse events:

Adverse events were recorded from the time of first study drug(s) administration until 100 days after the last dose of all study drug(s).

Adverse event reporting additional description:

Adverse event and toxicity grades were determined according to National Cancer Institute (NCI) Common Terminology Criteria for Adverse Events (CTCAE) version 4.03.

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

Dictionary used

| | |
|-----------------|--------|
| Dictionary name | MedDRA |
|-----------------|--------|

| | |
|--------------------|------|
| Dictionary version | 19.0 |
|--------------------|------|

Reporting groups

| | |
|-----------------------|-------------------|
| Reporting group title | Safety Population |
|-----------------------|-------------------|

Reporting group description:

All patients who received at least 1 dose (or partial dose) of study drug.

| Serious adverse events | Safety Population | | |
|---|--------------------|--|--|
| Total subjects affected by serious adverse events | | | |
| subjects affected / exposed | 248 / 557 (44.52%) | | |
| number of deaths (all causes) | 318 | | |
| number of deaths resulting from adverse events | 10 | | |
| Neoplasms benign, malignant and unspecified (incl cysts and polyps) | | | |
| Tumour pain | | | |
| subjects affected / exposed | 4 / 557 (0.72%) | | |
| occurrences causally related to treatment / all | 1 / 4 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Tumour haemorrhage | | | |
| subjects affected / exposed | 2 / 557 (0.36%) | | |
| occurrences causally related to treatment / all | 0 / 2 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Bladder cancer | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Intracranial tumour haemorrhage | | | |

| | | | |
|---|------------------|--|--|
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Metastases to central nervous system | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Oesophageal squamous cell carcinoma | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Squamous cell carcinoma | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Vascular disorders | | | |
| Hypotension | | | |
| subjects affected / exposed | 16 / 557 (2.87%) | | |
| occurrences causally related to treatment / all | 15 / 19 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Embolism | | | |
| subjects affected / exposed | 6 / 557 (1.08%) | | |
| occurrences causally related to treatment / all | 0 / 6 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Superior vena cava syndrome | | | |
| subjects affected / exposed | 3 / 557 (0.54%) | | |
| occurrences causally related to treatment / all | 0 / 4 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Hypertension | | | |
| subjects affected / exposed | 2 / 557 (0.36%) | | |
| occurrences causally related to treatment / all | 0 / 2 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Deep vein thrombosis | | | |

| | | | |
|--|------------------|--|--|
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Vena cava thrombosis | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Venous thrombosis | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| General disorders and administration site conditions | | | |
| Pyrexia | | | |
| subjects affected / exposed | 18 / 557 (3.23%) | | |
| occurrences causally related to treatment / all | 17 / 21 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Pain | | | |
| subjects affected / exposed | 4 / 557 (0.72%) | | |
| occurrences causally related to treatment / all | 0 / 5 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Fatigue | | | |
| subjects affected / exposed | 3 / 557 (0.54%) | | |
| occurrences causally related to treatment / all | 3 / 3 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Malaise | | | |
| subjects affected / exposed | 3 / 557 (0.54%) | | |
| occurrences causally related to treatment / all | 1 / 3 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Non-cardiac chest pain | | | |
| subjects affected / exposed | 3 / 557 (0.54%) | | |
| occurrences causally related to treatment / all | 0 / 3 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Asthenia | | | |

| | | | |
|---|-----------------|--|--|
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 2 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Chills | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Face oedema | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| General physical health deterioration | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Influenza like illness | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Oedema peripheral | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Immune system disorders | | | |
| Cytokine release syndrome | | | |
| subjects affected / exposed | 2 / 557 (0.36%) | | |
| occurrences causally related to treatment / all | 3 / 3 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Contrast media allergy | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Reproductive system and breast disorders | | | |

| | | | |
|---|------------------|--|--|
| Pelvic pain | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Respiratory, thoracic and mediastinal disorders | | | |
| Dyspnoea | | | |
| subjects affected / exposed | 15 / 557 (2.69%) | | |
| occurrences causally related to treatment / all | 3 / 15 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Pleural effusion | | | |
| subjects affected / exposed | 8 / 557 (1.44%) | | |
| occurrences causally related to treatment / all | 1 / 10 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Pneumonitis | | | |
| subjects affected / exposed | 6 / 557 (1.08%) | | |
| occurrences causally related to treatment / all | 6 / 7 | | |
| deaths causally related to treatment / all | 1 / 10 | | |
| Pulmonary embolism | | | |
| subjects affected / exposed | 5 / 557 (0.90%) | | |
| occurrences causally related to treatment / all | 1 / 5 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Chronic obstructive pulmonary disease | | | |
| subjects affected / exposed | 4 / 557 (0.72%) | | |
| occurrences causally related to treatment / all | 0 / 6 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Respiratory failure | | | |
| subjects affected / exposed | 4 / 557 (0.72%) | | |
| occurrences causally related to treatment / all | 0 / 4 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Haemoptysis | | | |
| subjects affected / exposed | 2 / 557 (0.36%) | | |
| occurrences causally related to treatment / all | 0 / 2 | | |
| deaths causally related to treatment / all | 0 / 10 | | |

| | | | | |
|---|-----------------|--|--|--|
| Hypoxia | | | | |
| subjects affected / exposed | 2 / 557 (0.36%) | | | |
| occurrences causally related to treatment / all | 2 / 2 | | | |
| deaths causally related to treatment / all | 0 / 10 | | | |
| Pneumothorax | | | | |
| subjects affected / exposed | 2 / 557 (0.36%) | | | |
| occurrences causally related to treatment / all | 0 / 2 | | | |
| deaths causally related to treatment / all | 0 / 10 | | | |
| Pulmonary oedema | | | | |
| subjects affected / exposed | 2 / 557 (0.36%) | | | |
| occurrences causally related to treatment / all | 1 / 2 | | | |
| deaths causally related to treatment / all | 0 / 10 | | | |
| Acute respiratory failure | | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | | |
| occurrences causally related to treatment / all | 0 / 1 | | | |
| deaths causally related to treatment / all | 0 / 10 | | | |
| Bronchial obstruction | | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | | |
| occurrences causally related to treatment / all | 0 / 1 | | | |
| deaths causally related to treatment / all | 0 / 10 | | | |
| Bronchospasm | | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | | |
| occurrences causally related to treatment / all | 1 / 1 | | | |
| deaths causally related to treatment / all | 0 / 10 | | | |
| Cough | | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | | |
| occurrences causally related to treatment / all | 0 / 1 | | | |
| deaths causally related to treatment / all | 0 / 10 | | | |
| Diaphragmatic spasm | | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | | |
| occurrences causally related to treatment / all | 0 / 1 | | | |
| deaths causally related to treatment / all | 0 / 10 | | | |
| Laryngeal inflammation | | | | |

| | | | |
|---|-----------------|--|--|
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Pulmonary haemorrhage | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Psychiatric disorders | | | |
| Confusional state | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Hallucination | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Insomnia | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Mental status changes | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Investigations | | | |
| Blood creatinine increased | | | |
| subjects affected / exposed | 2 / 557 (0.36%) | | |
| occurrences causally related to treatment / all | 1 / 2 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Alanine aminotransferase increased | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Aspartate aminotransferase | | | |

| | | | |
|---|------------------|--|--|
| increased | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Neutrophil count decreased | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Injury, poisoning and procedural complications | | | |
| Infusion related reaction | | | |
| subjects affected / exposed | 4 / 557 (0.72%) | | |
| occurrences causally related to treatment / all | 4 / 4 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Fall | | | |
| subjects affected / exposed | 2 / 557 (0.36%) | | |
| occurrences causally related to treatment / all | 0 / 2 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Subdural haematoma | | | |
| subjects affected / exposed | 2 / 557 (0.36%) | | |
| occurrences causally related to treatment / all | 0 / 2 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Craniocerebral injury | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Multiple fractures | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Cardiac disorders | | | |
| Atrial fibrillation | | | |
| subjects affected / exposed | 13 / 557 (2.33%) | | |
| occurrences causally related to treatment / all | 4 / 13 | | |
| deaths causally related to treatment / all | 0 / 10 | | |

| | | | | |
|---|-----------------|--|--|--|
| Pericardial effusion | | | | |
| subjects affected / exposed | 3 / 557 (0.54%) | | | |
| occurrences causally related to treatment / all | 0 / 3 | | | |
| deaths causally related to treatment / all | 0 / 10 | | | |
| Cardiac arrest | | | | |
| subjects affected / exposed | 2 / 557 (0.36%) | | | |
| occurrences causally related to treatment / all | 1 / 2 | | | |
| deaths causally related to treatment / all | 1 / 10 | | | |
| Myocarditis | | | | |
| subjects affected / exposed | 2 / 557 (0.36%) | | | |
| occurrences causally related to treatment / all | 2 / 2 | | | |
| deaths causally related to treatment / all | 0 / 10 | | | |
| Acute coronary syndrome | | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | | |
| occurrences causally related to treatment / all | 1 / 1 | | | |
| deaths causally related to treatment / all | 0 / 10 | | | |
| Acute myocardial infarction | | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | | |
| occurrences causally related to treatment / all | 1 / 1 | | | |
| deaths causally related to treatment / all | 0 / 10 | | | |
| Angina pectoris | | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | | |
| occurrences causally related to treatment / all | 0 / 1 | | | |
| deaths causally related to treatment / all | 0 / 10 | | | |
| Arrhythmia supraventricular | | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | | |
| occurrences causally related to treatment / all | 0 / 1 | | | |
| deaths causally related to treatment / all | 0 / 10 | | | |
| Atrial flutter | | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | | |
| occurrences causally related to treatment / all | 1 / 1 | | | |
| deaths causally related to treatment / all | 0 / 10 | | | |
| Cardiac failure acute | | | | |

| | | | |
|---|------------------|--|--|
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Cardio-respiratory arrest | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Myocardial infarction | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Pericarditis | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Supraventricular tachycardia | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Ventricular tachycardia | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Nervous system disorders | | | |
| Cerebrovascular accident | | | |
| subjects affected / exposed | 10 / 557 (1.80%) | | |
| occurrences causally related to treatment / all | 6 / 10 | | |
| deaths causally related to treatment / all | 1 / 10 | | |
| Embolic stroke | | | |
| subjects affected / exposed | 3 / 557 (0.54%) | | |
| occurrences causally related to treatment / all | 2 / 3 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Headache | | | |

| | | | |
|---|-----------------|--|--|
| subjects affected / exposed | 3 / 557 (0.54%) | | |
| occurrences causally related to treatment / all | 1 / 3 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Dizziness | | | |
| subjects affected / exposed | 2 / 557 (0.36%) | | |
| occurrences causally related to treatment / all | 1 / 2 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Brain oedema | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Cerebral infarction | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Encephalopathy | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 2 / 2 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Facial paralysis | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Hydrocephalus | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Myasthenia gravis | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Seizure | | | |

| | | | |
|---|-----------------|--|--|
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Somnolence | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Spinal cord compression | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Syncope | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Vasogenic cerebral oedema | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Blood and lymphatic system disorders | | | |
| Anaemia | | | |
| subjects affected / exposed | 5 / 557 (0.90%) | | |
| occurrences causally related to treatment / all | 0 / 10 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Eosinophilia | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Hypereosinophilic syndrome | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Microcytic anaemia | | | |

| | | | |
|---|-----------------|--|--|
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Eye disorders | | | |
| Visual impairment | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Gastrointestinal disorders | | | |
| Nausea | | | |
| subjects affected / exposed | 6 / 557 (1.08%) | | |
| occurrences causally related to treatment / all | 3 / 7 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Vomiting | | | |
| subjects affected / exposed | 6 / 557 (1.08%) | | |
| occurrences causally related to treatment / all | 1 / 6 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Diarrhoea | | | |
| subjects affected / exposed | 5 / 557 (0.90%) | | |
| occurrences causally related to treatment / all | 1 / 5 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Abdominal pain | | | |
| subjects affected / exposed | 4 / 557 (0.72%) | | |
| occurrences causally related to treatment / all | 0 / 4 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Pancreatitis | | | |
| subjects affected / exposed | 2 / 557 (0.36%) | | |
| occurrences causally related to treatment / all | 0 / 2 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Colitis | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Diverticulum intestinal haemorrhagic | | | |

| | | | |
|---|-----------------|--|--|
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Dysphagia | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Enterocolitis | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 3 / 3 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Faecaloma | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Gastrointestinal haemorrhage | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Gastrooesophageal reflux disease | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Haematemesis | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Large intestinal obstruction | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Large intestine perforation | | | |

| | | | |
|--|-----------------|--|--|
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Oesophageal stenosis | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Rectal haemorrhage | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Small intestinal obstruction | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Upper gastrointestinal haemorrhage | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Hepatobiliary disorders | | | |
| Autoimmune hepatitis | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Hepatic function abnormal | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Skin and subcutaneous tissue disorders | | | |
| Drug reaction with eosinophilia and systemic symptoms | | | |
| subjects affected / exposed | 2 / 557 (0.36%) | | |
| occurrences causally related to treatment / all | 2 / 2 | | |
| deaths causally related to treatment / all | 0 / 10 | | |

| | | | |
|---|-----------------|--|--|
| Rash erythematous | | | |
| subjects affected / exposed | 2 / 557 (0.36%) | | |
| occurrences causally related to treatment / all | 2 / 2 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Angioedema | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Erythema | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Pemphigoid | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Renal and urinary disorders | | | |
| Acute kidney injury | | | |
| subjects affected / exposed | 9 / 557 (1.62%) | | |
| occurrences causally related to treatment / all | 5 / 9 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Autoimmune nephritis | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Haematuria | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Hydronephrosis | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Nephrolithiasis | | | |

| | | | |
|---|-----------------|--|--|
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Obstructive uropathy | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Endocrine disorders | | | |
| Adrenal insufficiency | | | |
| subjects affected / exposed | 3 / 557 (0.54%) | | |
| occurrences causally related to treatment / all | 3 / 3 | | |
| deaths causally related to treatment / all | 1 / 10 | | |
| Hyperthyroidism | | | |
| subjects affected / exposed | 2 / 557 (0.36%) | | |
| occurrences causally related to treatment / all | 2 / 2 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Autoimmune hypothyroidism | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Hypophysitis | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Hypothyroidism | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Thyroiditis | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Musculoskeletal and connective tissue disorders | | | |

| | | | | |
|---|-----------------|--|--|--|
| Back pain | | | | |
| subjects affected / exposed | 5 / 557 (0.90%) | | | |
| occurrences causally related to treatment / all | 0 / 5 | | | |
| deaths causally related to treatment / all | 0 / 10 | | | |
| Flank pain | | | | |
| subjects affected / exposed | 3 / 557 (0.54%) | | | |
| occurrences causally related to treatment / all | 0 / 3 | | | |
| deaths causally related to treatment / all | 0 / 10 | | | |
| Pain in extremity | | | | |
| subjects affected / exposed | 3 / 557 (0.54%) | | | |
| occurrences causally related to treatment / all | 0 / 3 | | | |
| deaths causally related to treatment / all | 0 / 10 | | | |
| Arthralgia | | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | | |
| occurrences causally related to treatment / all | 0 / 2 | | | |
| deaths causally related to treatment / all | 0 / 10 | | | |
| Groin pain | | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | | |
| occurrences causally related to treatment / all | 0 / 1 | | | |
| deaths causally related to treatment / all | 0 / 10 | | | |
| Musculoskeletal chest pain | | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | | |
| occurrences causally related to treatment / all | 0 / 1 | | | |
| deaths causally related to treatment / all | 0 / 10 | | | |
| Myalgia | | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | | |
| occurrences causally related to treatment / all | 1 / 1 | | | |
| deaths causally related to treatment / all | 0 / 10 | | | |
| Myositis | | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | | |
| occurrences causally related to treatment / all | 1 / 1 | | | |
| deaths causally related to treatment / all | 0 / 10 | | | |
| Pain in jaw | | | | |

| | | | |
|---|------------------|--|--|
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Pathological fracture | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Rhabdomyolysis | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Spinal pain | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Infections and infestations | | | |
| Pneumonia | | | |
| subjects affected / exposed | 12 / 557 (2.15%) | | |
| occurrences causally related to treatment / all | 0 / 15 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Urinary tract infection | | | |
| subjects affected / exposed | 8 / 557 (1.44%) | | |
| occurrences causally related to treatment / all | 0 / 8 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Sepsis | | | |
| subjects affected / exposed | 7 / 557 (1.26%) | | |
| occurrences causally related to treatment / all | 0 / 8 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Cellulitis | | | |
| subjects affected / exposed | 3 / 557 (0.54%) | | |
| occurrences causally related to treatment / all | 0 / 3 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Bronchitis | | | |

| | | | |
|---|-----------------|--|--|
| subjects affected / exposed | 2 / 557 (0.36%) | | |
| occurrences causally related to treatment / all | 0 / 2 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Corona virus infection | | | |
| subjects affected / exposed | 2 / 557 (0.36%) | | |
| occurrences causally related to treatment / all | 0 / 2 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Infectious pleural effusion | | | |
| subjects affected / exposed | 2 / 557 (0.36%) | | |
| occurrences causally related to treatment / all | 1 / 2 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Lower respiratory tract infection | | | |
| subjects affected / exposed | 2 / 557 (0.36%) | | |
| occurrences causally related to treatment / all | 0 / 2 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Respiratory tract infection | | | |
| subjects affected / exposed | 2 / 557 (0.36%) | | |
| occurrences causally related to treatment / all | 0 / 3 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Abscess soft tissue | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Bronchopulmonary aspergillosis | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Bursitis infective staphylococcal | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Device related infection | | | |

| | | | |
|---|-----------------|--|--|
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Device related sepsis | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Gastroenteritis | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Herpes zoster | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Lower respiratory tract infection viral | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Lung infection | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Systemic infection | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Urosepsis | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Metabolism and nutrition disorders | | | |
| Hyponatraemia | | | |

| | | | |
|---|-----------------|--|--|
| subjects affected / exposed | 9 / 557 (1.62%) | | |
| occurrences causally related to treatment / all | 6 / 11 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Dehydration | | | |
| subjects affected / exposed | 7 / 557 (1.26%) | | |
| occurrences causally related to treatment / all | 5 / 8 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Hypercalcaemia | | | |
| subjects affected / exposed | 3 / 557 (0.54%) | | |
| occurrences causally related to treatment / all | 0 / 3 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Hyperglycaemia | | | |
| subjects affected / exposed | 3 / 557 (0.54%) | | |
| occurrences causally related to treatment / all | 0 / 3 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Acidosis | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 1 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Failure to thrive | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |
| Hyperkalaemia | | | |
| subjects affected / exposed | 1 / 557 (0.18%) | | |
| occurrences causally related to treatment / all | 0 / 1 | | |
| deaths causally related to treatment / all | 0 / 10 | | |

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

| Non-serious adverse events | Safety Population | | |
|---|--------------------|--|--|
| Total subjects affected by non-serious adverse events | | | |
| subjects affected / exposed | 549 / 557 (98.56%) | | |
| Vascular disorders | | | |
| Hypotension | | | |
| subjects affected / exposed | 99 / 557 (17.77%) | | |
| occurrences (all) | 150 | | |
| Hypertension | | | |
| subjects affected / exposed | 33 / 557 (5.92%) | | |
| occurrences (all) | 49 | | |
| Flushing | | | |
| subjects affected / exposed | 32 / 557 (5.75%) | | |
| occurrences (all) | 39 | | |
| General disorders and administration site conditions | | | |
| Fatigue | | | |
| subjects affected / exposed | 304 / 557 (54.58%) | | |
| occurrences (all) | 741 | | |
| Pyrexia | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 278 / 557 (49.91%) | | |
| occurrences (all) | 697 | | |
| Influenza like illness | | | |
| alternative assessment type: Non-systematic | | | |
| subjects affected / exposed | 175 / 557 (31.42%) | | |
| occurrences (all) | 582 | | |
| Chills | | | |
| subjects affected / exposed | 158 / 557 (28.37%) | | |
| occurrences (all) | 289 | | |
| Oedema peripheral | | | |
| subjects affected / exposed | 122 / 557 (21.90%) | | |
| occurrences (all) | 175 | | |
| Asthenia | | | |
| subjects affected / exposed | 73 / 557 (13.11%) | | |
| occurrences (all) | 111 | | |
| Face oedema | | | |

| | | | |
|--|--|--|--|
| <p>subjects affected / exposed occurrences (all)</p> <p>Malaise subjects affected / exposed occurrences (all)</p> <p>Non-cardiac chest pain subjects affected / exposed occurrences (all)</p> | <p>43 / 557 (7.72%) 112</p> <p>31 / 557 (5.57%) 61</p> <p>31 / 557 (5.57%) 37</p> | | |
| <p>Respiratory, thoracic and mediastinal disorders</p> <p>Cough subjects affected / exposed occurrences (all)</p> <p>Dyspnoea subjects affected / exposed occurrences (all)</p> <p>Nasal congestion subjects affected / exposed occurrences (all)</p> <p>Oropharyngeal pain subjects affected / exposed occurrences (all)</p> <p>Dysphonia subjects affected / exposed occurrences (all)</p> | <p>155 / 557 (27.83%) 247</p> <p>117 / 557 (21.01%) 144</p> <p>80 / 557 (14.36%) 168</p> <p>45 / 557 (8.08%) 56</p> <p>33 / 557 (5.92%) 37</p> | | |
| <p>Psychiatric disorders</p> <p>Insomnia subjects affected / exposed occurrences (all)</p> | <p>71 / 557 (12.75%) 103</p> | | |
| <p>Investigations</p> <p>Weight decreased subjects affected / exposed occurrences (all)</p> <p>Blood creatinine increased subjects affected / exposed occurrences (all)</p> | <p>76 / 557 (13.64%) 80</p> <p>32 / 557 (5.75%) 39</p> | | |
| <p>Injury, poisoning and procedural complications</p> | | | |

| | | | |
|---|--|--|--|
| <p>Infusion related reaction subjects affected / exposed occurrences (all)</p> | <p>37 / 557 (6.64%) 51</p> | | |
| <p>Nervous system disorders</p> <p>Headache subjects affected / exposed occurrences (all)</p> <p>Dizziness subjects affected / exposed occurrences (all)</p> <p>Dysgeusia subjects affected / exposed occurrences (all)</p> <p>Paraesthesia subjects affected / exposed occurrences (all)</p> | <p>105 / 557 (18.85%) 165</p> <p>102 / 557 (18.31%) 153</p> <p>42 / 557 (7.54%) 81</p> <p>35 / 557 (6.28%) 36</p> | | |
| <p>Blood and lymphatic system disorders</p> <p>Anaemia subjects affected / exposed occurrences (all)</p> | <p>55 / 557 (9.87%) 61</p> | | |
| <p>Gastrointestinal disorders</p> <p>Nausea subjects affected / exposed occurrences (all)</p> <p>Diarrhoea subjects affected / exposed occurrences (all)</p> <p>Vomiting subjects affected / exposed occurrences (all)</p> <p>Constipation subjects affected / exposed occurrences (all)</p> <p>Dry mouth subjects affected / exposed occurrences (all)</p> <p>Abdominal pain</p> | <p>239 / 557 (42.91%) 569</p> <p>174 / 557 (31.24%) 336</p> <p>148 / 557 (26.57%) 260</p> <p>123 / 557 (22.08%) 155</p> <p>71 / 557 (12.75%) 90</p> | | |

| | | | |
|---|---|--|--|
| <p>subjects affected / exposed occurrences (all)</p> <p>Dyspepsia subjects affected / exposed occurrences (all)</p> <p>Stomatitis subjects affected / exposed occurrences (all)</p> | <p>67 / 557 (12.03%) 86</p> <p>45 / 557 (8.08%) 67</p> <p>39 / 557 (7.00%) 45</p> | | |
| <p>Skin and subcutaneous tissue disorders</p> <p>Pruritus subjects affected / exposed occurrences (all)</p> <p>Rash subjects affected / exposed occurrences (all)</p> <p>Rash maculo-papular subjects affected / exposed occurrences (all)</p> <p>Dry skin subjects affected / exposed occurrences (all)</p> <p>Erythema subjects affected / exposed occurrences (all)</p> <p>Rash pruritic subjects affected / exposed occurrences (all)</p> | <p>228 / 557 (40.93%) 340</p> <p>154 / 557 (27.65%) 245</p> <p>104 / 557 (18.67%) 157</p> <p>92 / 557 (16.52%) 106</p> <p>56 / 557 (10.05%) 64</p> <p>29 / 557 (5.21%) 38</p> | | |
| <p>Endocrine disorders</p> <p>Hypothyroidism subjects affected / exposed occurrences (all)</p> <p>Hyperthyroidism subjects affected / exposed occurrences (all)</p> | <p>89 / 557 (15.98%) 91</p> <p>32 / 557 (5.75%) 33</p> | | |
| <p>Musculoskeletal and connective tissue disorders</p> | | | |

| | | | |
|------------------------------------|--------------------|--|--|
| Arthralgia | | | |
| subjects affected / exposed | 151 / 557 (27.11%) | | |
| occurrences (all) | 276 | | |
| Myalgia | | | |
| subjects affected / exposed | 98 / 557 (17.59%) | | |
| occurrences (all) | 204 | | |
| Back pain | | | |
| subjects affected / exposed | 89 / 557 (15.98%) | | |
| occurrences (all) | 104 | | |
| Pain in extremity | | | |
| subjects affected / exposed | 57 / 557 (10.23%) | | |
| occurrences (all) | 69 | | |
| Musculoskeletal pain | | | |
| subjects affected / exposed | 43 / 557 (7.72%) | | |
| occurrences (all) | 57 | | |
| Muscular weakness | | | |
| subjects affected / exposed | 33 / 557 (5.92%) | | |
| occurrences (all) | 35 | | |
| Infections and infestations | | | |
| Urinary tract infection | | | |
| subjects affected / exposed | 39 / 557 (7.00%) | | |
| occurrences (all) | 61 | | |
| Upper respiratory tract infection | | | |
| subjects affected / exposed | 36 / 557 (6.46%) | | |
| occurrences (all) | 42 | | |
| Metabolism and nutrition disorders | | | |
| Decreased appetite | | | |
| subjects affected / exposed | 210 / 557 (37.70%) | | |
| occurrences (all) | 378 | | |
| Dehydration | | | |
| subjects affected / exposed | 50 / 557 (8.98%) | | |
| occurrences (all) | 62 | | |

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

| Date | Amendment |
|------------------|--|
| 19 December 2016 | In alignment with a new development partner (BMS), the study design, including objectives and endpoints, was modified to evaluate NKTR-214 and nivolumab only. Thus, treatment regimens were revised (eg, removed pembrolizumab and atezolizumab [never opened for enrollment], added an NKTR-214 every 2 week dosing schedule, nivolumab dosing changed from weight-based to a flat 240-mg dose every 2 weeks), the UCC tumor type was removed, and the entry criteria were updated. Decreased the duration of nivolumab infusion. Cohort decisions about timing of enrollment, dose level, and dose frequency would be based on evolving clinical data from an ongoing NKTR-214 monotherapy and nivolumab combination therapy studies conducted by the Sponsor and the development partner, respectively. Dose-limiting toxicity windows were defined and the end of treatment visit was extended. |
| 29 March 2017 | Added new immunotherapy naïve cohorts for urothelial carcinoma and triple-negative breast cancer as well as patient populations that were either relapsed or refractory to checkpoint inhibition for the treatment of melanoma, renal cell carcinoma, and non-small cell lung cancer resulting in 8 expansion cohorts across 5 tumor types. Added 3 dose escalation cohorts to evaluate nivolumab at a 360 mg every 3 week dosing schedule. Revised the entry criteria based on feedback from Investigators, Safety Review Committee, and EU requirements; revised the dose-limiting toxicity criteria; added intravenous hydration to Cycle 1 Days 1 and 2 and recommended ≥ 2 L per day of oral hydration on Days 3 to 5 of Cycle 1 and Days 1-5 of Cycle 2 and beyond. Clarified timing of tumor biopsy. |
| 03 April 2017 | Removed 2 dosing cohorts from Part 1 per FDA guidance: <ul style="list-style-type: none">• NKTR-214 0.003 mg/kg every 3 weeks + nivolumab 360 mg every 3 weeks• NKTR-214 0.003 mg/kg every 2 weeks + nivolumab 240 mg every 2 weeks |
| 22 June 2017 | Added the rationale for the Safety Review Committee-approved recommended Phase 2 dose for Part 2, clarified the entry criteria, and updated the IV hydration guidelines with minimum volume requirements (≥ 1 L) and intravenous hydration on Day 1 of all cycles. |
| 05 December 2017 | Changed Part 2 cohorts to create more homogenous patient populations and added a new cohort for urothelial carcinoma. Added Part 3 (schedule finding) and Part 4 (dose expansion) to assess the safety, tolerability, and efficacy of the triplet combination (NKTR-214 + nivolumab + ipilimumab) in renal cell carcinoma first-line and non-small cell lung cancer first-line. Thus, the objectives, endpoints, entry criteria, schedule of events, statistical methods (including analysis sets) were updated. Extended the duration of NKTR-214 infusion to reduce the incidence of infusion reactions and increase tolerability, capped the continuation of treatment in patients with confirmed complete response at 2 years, modified the dose-limiting toxicity criteria, updated the reasons for end of treatment, allowed prophylaxis for flu-like symptoms and/or rash/pruritus, and decreased the duration of stable disease for clinical benefit rate to ≥ 7 weeks. |

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| 18 June 2018 | <p>Added 11 cohorts across new and existing tumor types in Part 2, added 5 cohorts (3 non-small cell lung cancer, 2 triple-negative breast cancer) in which the doublet was administered with the chemotherapy, added 5 cohorts to allow for administrative reclassification of previously enrolled patients by the Sponsor, and patient eligibility criteria were adjusted.</p> <p>Added tumor types, associated entry criteria, and dosing schedules for the triplet regimen in Parts 3 and 4.</p> <p>Clarified the exploratory objectives.</p> <p>Added that investigator could administer intravenous fluid on Day 2 of Cycle 2 and beyond if deemed necessary.</p> <p>The following cohorts were closed to enrollment:</p> <ul style="list-style-type: none"> • Part 2 (n = 7) – Cohorts 1a and 2a (enrolled a sufficient number of patients); Cohorts 1e, 2c, 3i, 4c, and 5d (represent the 5 aforementioned cohorts that were added for administrative reclassification of previously enrolled patients) • Part 4 (n = 1) – Cohort 10a.1 |
| 11 February 2020 | <p>The study was closed to further patient screening and enrollment. All active patients continued treatment and follow-up per protocol. Previously closed cohorts (including some that never enrolled patients, see Section 9.1.2.2) included all cohorts in Part 1; Cohorts 1a, 1b, 2a, 3b, 3f, 3g, 4a, 5a, 7, and 9 in Part 2; schedule 1 renal cell carcinoma (10a.1) in Parts 3 and 4. Several cohorts in Part 2 were previously closed via administrative letter (29 March 2019) because registration would not be pursued (1c, 1d, 6a, 6b, 8a, 8b), enrollment was met (2b, 3c, 4b), or the cohort never opened (9 [clinical study results of nivolumab in SCLC showed no advantage in overall survival]). Part 4 Cohort 12a.3 (melanoma), and Cohorts 5b and 5c were also closed.</p> <p>The protocol was updated with the results of a comprehensive review of cerebrovascular accident-related safety information across the NKTR-214 clinical development program after 3 patients receiving the triplet therapy had serious adverse events (SAEs) of cerebrovascular accident (1 fatal) in the current study.</p> <p>Added safety measures to mitigate the risk of cerebrovascular accident: cerebrovascular accident elevated to adverse event (AE) of special interest; cerebrovascular accident AE management algorithm to evaluate cardiac and neurologic events and provide a standard set of tests for evaluation and follow-up of cerebrovascular accident events; and implemented preventative measures (eg, increased monitoring of renal function; delay treatment if renal parameters not met; and contact patients after Cycles 1 and 2 to reinforce hydration guidelines and assess for symptomatology and compliance).</p> <p>Redefined required reporting period for AEs and SAEs as the time of first study drug(s) administration until 100 days after the last dose of all study drug(s).</p> |

Notes:

Interruptions (globally)

Were there any global interruptions to the trial? No

Limitations and caveats

None reported