A Phase 3 Randomized Open-label Study Comparing Bempegaldesleukin (NKTR-214) Plus Nivolumab to Sunitinib or Cabozantinib (Investigator’s Choice) in Patients With Previously Untreated Advanced Renal Cell Carcinoma

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Clinical
- Clinic visits: 6-week cycles with 3-week visit schedule
- Study drug administration
- Safety assessments
- Quality of life assessments
- PK and biomarker assessments (primarily Arm A)

Tumor assessments:
- Screening: CT/MRI chest, abdomen, pelvis (CAP) and brain
- Post randomization: CT/MRI CAP and brain if history or clinical symptoms of brain metastases
- Frequency: every 9 weeks through week 54, then every 12 weeks until RECIST progression

Safety follow up visit 30 days after last dose of study treatment
- Additional safety follow up 100 days after last dose of nivolumab (if applicable)
- Survival follow up approximately every 12 weeks
- Includes collection of subsequent anticancer therapy and PFS2 data

Biomarkers and Pharmacokinetics
- Assessment of biomarkers potentially predictive of clinical responses to bempegaldesleukin combined with nivolumab or to TKI
- PK profiling of bempegaldesleukin and its metabolites (plasma) and nivolumab (serum)

STATISTICAL PLAN
- Study sample size accounts for the 2 co-primary efficacy endpoints: ORR and OS
- ORR analysis will occur when the first ~400 patients have a minimum follow-up of 6 months
- Overall Survival (OS) analysis will follow the promising zone adaptive design13
- At the interim analysis for OS, an independent Data Monitoring Committee will set the number of OS events required in order to provide 90% conditional power for the final analysis
- The target Hazard Ratio for OS is 0.85 (assuming median OS of 26.5 months for the control arm)

REFERENCES