



# Phase I/II Study of PDR001 in Patients With Advanced Malignancies

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## Main Information

**Primary registry identifying number**

LBCTR2019060201

**Protocol number**

CPDR001X2101

**MOH registration number**

7805/ص

**Study registered at the country of origin**

Yes

**Study registered at the country of origin: Specify**

**Type of registration**

Retrospective

**Type of registration: Justify**

LCTR was recently initiated, original file was previously submitted by Paper

**Date of registration in national regulatory agency**

26/08/2016

**Primary sponsor**

Novartis Pharma Services Inc.

**Primary sponsor: Country of origin**

Novartis Pharmaceuticals

**Date of registration in primary registry**

20/06/2019

**Date of registration in national regulatory agency**

26/08/2016

**Public title**

Phase I/II Study of PDR001 in Patients With Advanced Malignancies

**Acronym**

**Scientific title**

Open Label Multicenter Phase I/II Study of the Safety and Efficacy of PDR001 Administered to Patients With Advanced Malignancies

**Acronym**

**Brief summary of the study: English**

The purpose of this "first-in-human" study of PDR001 is to characterize the safety, tolerability, pharmacokinetics (PK), pharmacodynamics (PD) and antitumor activity of PDR001 administered i.v. as a single agent to adult patients with solid tumors.

By blocking the interaction between PD-1 and its ligands, PD-L1 and PD-L2, PDR001 inhibits the PD-1 immune checkpoint, resulting in activation of an antitumor immune response by activating effector T-cells and inhibiting regulatory T-cells.

This study has been designed as a phase I/II, multi-center, open-label study starting with a phase I dose escalation part followed by a phase II part.

PDR001 will be administered every 2 weeks until patient experiences unacceptable toxicity, progressive disease per immune related Response Criteria (irRC) and/or treatment is discontinued at the discretion of the investigator or the patient.

**Brief summary of the study: Arabic**

المعطى للمرضى الذين يعانون من أورام PDR001 دراسة مفتوحة اللصاقة متعددة المراكز في المرحلتين الأولى والثانية حول سلامة وفعالية خبيثة متقدمة

**Health conditions/problem studied: Specify**

Patients with advanced malignancies : melanoma, NSCLC, TNBC and anaplastic thyroid cancer



## Interventions: Specify

Biological: PDR001  
anti-PD1 antibody

### Key inclusion and exclusion criteria: Inclusion criteria

- Written informed consent must be obtained prior to any screening procedures
- Phase I part: Patients with advanced/metastatic solid tumors, with measurable or non-measurable disease as determined by RECIST version 1.1 (refer to Appendix 1), who have progressed despite standard therapy or are intolerant of standard therapy, or for whom no standard therapy exists.
- Phase II part: Patients with advanced/metastatic solid tumors, with at least one measurable lesion as determined by RECIST version 1.1, who have progressed following their last prior therapy, and fit into one of the following groups:
  - Group 1a and 1b: NSCLC:

Patients with NSCLC must have had disease recurrence or progression during or after no more than one prior systemic chemotherapy regimen (platinum doublet-based) for advanced or metastatic disease. Prior maintenance therapy is allowed (e.g. pemetrexed, erlotinib, bevacizumab).

Only patients with EGFR mutation-negative tumor are eligible (defined as negative for exon 19 deletions and for the L858R mutation in EGFR at a minimum; however, if more extensive EGFR mutation testing has been performed, the tumor must not harbor any known activating EGFR mutations in Exons 18-21 in order to be considered EGFR mutation-negative). All patients must be tested for EGFR mutational status and, for ALK translocation status if no mutation is detected in EGFR. Patients with ALK translocation-positive NSCLC must have had disease progression following treatment with a corresponding inhibitor and no more than one systemic chemotherapy regimen (platinum doublet-based), in any sequence.

- Group 2: Melanoma:

All patients must have been tested for BRAF mutations. Patients with V600 mutation positive melanoma must have clinical or radiological evidence of disease progression during or after treatment with a BRAF inhibitor alone or in combination with other agents.

- Group 3: Triple negative breast cancer.
- Group 4: Anaplastic thyroid cancer
- Patients are not required to have received or progressed on a prior therapy.
- Patients must not be at short term risk for life threatening complications (such as airway compromise or bleeding from locoregional or metastatic disease,).
- Chemoradiation and/or surgery should be considered prior to study entry for those patients with locally advanced disease if those therapies are considered to be in the best interest of the patient.
- ECOG Performance Status  $\leq 1$ .
- Patients must have a site of disease amenable to biopsy, and be a candidate for tumor biopsy. Patient must be willing to undergo a new tumor biopsy at baseline or at molecular pre-screening if applicable, and during therapy on this study. For patients in the phase II part of the study, exceptions may be granted after documented discussion with Novartis. After a sufficient number of paired biopsies are collected, the decision may be taken to stop the collection of biopsies.

### Key inclusion and exclusion criteria: Gender

Both

### Key inclusion and exclusion criteria: Specify gender

### Key inclusion and exclusion criteria: Age minimum

18

### Key inclusion and exclusion criteria: Age maximum

99

### Key inclusion and exclusion criteria: Exclusion criteria

- History of severe hypersensitivity reactions to other mAbs
- Subjects with active, known or suspected autoimmune disease. Subjects with vitiligo, type I diabetes mellitus, residual hypothyroidism due to autoimmune condition only requiring hormone replacement, psoriasis not requiring systemic treatment, or conditions not expected to recur in the absence of an external trigger are permitted to enroll.
- Active infection requiring systemic antibiotic therapy.
- HIV infection.
- Active HBV or HCV infection.
- Patients with ocular melanoma.
- Systemic anti-cancer therapy within 2 weeks of the first dose of study treatment. For cytotoxic agents that have major delayed toxicity, e.g. mitomycin C and nitrosoureas, 4 weeks washout period. For patients receiving anticancer immunotherapies such as CTLA-4 antagonists, 6 weeks is indicated as the washout period.
- Prior PD-1- or PD-L1-directed therapy.
- Patients requiring chronic treatment with systemic steroid therapy, other than replacement-dose steroids in the setting of adrenal insufficiency. Topical, inhaled, nasal and ophthalmic steroids are not prohibited.
- Patients receiving systemic treatment with any immunosuppressive medication (other than steroids as described above).
- Use of any vaccines against infectious diseases (e.g. influenza, varicella, pneumococcus) within 4 weeks of initiation of study treatment.
- Presence of  $\geq$  CTCAE grade 2 toxicity (except alopecia, peripheral neuropathy and ototoxicity, which are excluded if  $\geq$  CTCAE grade 3) due to prior cancer therapy

Other protocol defined Inclusion/Exclusion may apply.

## Type of study

Interventional

## Type of intervention

Pharmaceutical

## Type of intervention: Specify type

N/A

## Trial scope

Therapy

## Trial scope: Specify scope

N/A

## Study design: Allocation

Non-randomized controlled trial

## Study design: Masking

Open (masking not used)

## Study design: Control

Dose comparison

## Study phase

1 to 2

## Study design: Purpose

Treatment

## Study design: Specify purpose

N/A

## Study design: Assignment

Single

## Study design: Specify assignment

N/A

## IMP has market authorization

No

## IMP has market authorization: Specify

## Name of IMP

PDR001

## Year of authorization

## Month of authorization

## Type of IMP

Others

## Pharmaceutical class

PDR001 is a humanized monoclonal antibody and is a high-affinity, ligand-blocking, humanized immunoglobulin G4 (IgG4) directed against PD-1 and blocks the binding of PD-L1 and PD-L2.

## Therapeutic indication

PD-1 is a critical immune checkpoint receptor that is expressed on CD4 and CD8 T cells upon activation (Freeman 2008). Engagement of PD-1 by its ligands, PD-L1 and PD-L2, transduces a signal that inhibits T-cell proliferation, cytokine production, and cytolytic function (Riley 2009). During tumorigenesis, cancer cells from a wide range of tumor types exploit immune checkpoint pathways, such as PD-1/PD-L1, to avoid detection by the adaptive immune system (Murphy 2011). mAb inhibitors of immunological checkpoints, including PD-1 and PD-L1, have demonstrated significant antitumor activity in patients with various solid tumors with less toxicity than broad immune activators, such as interleukin-2 (IL-2) and Interferon-alpha (IFN-α) (Topalian et al 2012, Hamid et al 2013, Topalian et al 2014, Seiwert et al 2014).

## Therapeutic benefit

Progression free survival

## Study model

N/A

## Study model: Explain model

N/A

## Study model: Specify model

N/A

## Time perspective

N/A

## Time perspective: Explain time perspective

<b>Time perspective: Specify perspective</b> N/A	N/A
<b>Target follow-up duration</b>	<b>Target follow-up duration: Unit</b>
<b>Number of groups/cohorts</b>	
<b>Biospecimen retention</b> Samples with DNA**	<b>Biospecimen description</b> Samples for circulating tumor DNA will be shipped to central laboratory designated by Novartis.
<b>Target sample size</b> 3	<b>Actual enrollment target size</b> 3
<b>Date of first enrollment: Type</b> Actual	<b>Date of first enrollment: Date</b> 10/01/2017
<b>Date of study closure: Type</b> Actual	<b>Date of study closure: Date</b> 18/11/2020
<b>Recruitment status</b> Complete	<b>Recruitment status: Specify</b>
<b>Date of completion</b> 12/06/2017	
<b>IPD sharing statement plan</b> No	<b>IPD sharing statement description</b> Novartis is committed to sharing with qualified external researchers, access to patient-level data and supporting clinical documents from eligible studies. These requests are reviewed and approved by an independent review panel on the basis of scientific merit. All data provided is anonymized to respect the privacy of patients who have participated in the trial in line with applicable laws and regulations.  This trial data availability is according to the criteria and process described on <a href="http://www.clinicalstudydatarequest.com">www.clinicalstudydatarequest.com</a>
<b>Additional data URL</b> <a href="https://clinicaltrials.gov/ct2/show/record/NCT02404441?term=PDR001&amp;recrs=de&amp;rank=4">https://clinicaltrials.gov/ct2/show/record/NCT02404441?term=PDR001&amp;recrs=de&amp;rank=4</a>	
<b>Admin comments</b>	
<b>Trial status</b> Approved	



## Secondary Identifying Numbers

Full name of issuing authority	Secondary identifying number
Clinicaltrials.gov	NCT02404441

## Sources of Monetary or Material Support

Name
Novartis Pharma Services Inc.

## Secondary Sponsors

Name
NA

## Contact for Public/Scientific Queries

Contact type	Contact full name	Address	Country	Telephone	Email	Affiliation
Public	Joseph Kattan	Beirut	Lebanon	03635913	jkattan62@hotmail.com	Hotel Dieu De France
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## Centers/Hospitals Involved in the Study

Center/Hospital name	Name of principles investigator	Principles investigator speciality	Ethical approval
Hotel Dieu De France	Joseph Kattan	Hematology Oncology	Approved
Bellevue Medical Center	Fadi El Karak	Hematology Oncology	Approved

## Ethics Review

Ethics approval obtained	Approval date	Contact name	Contact email	Contact phone
Hotel Dieu de France	06/04/2017	Nancy Alam	nancy.alam@usj.edu.lb	+961 (0) 1 421000 ext 2335
Bellevue Medical Center	02/10/2017	Ghassan Maalouf	gmaalouf@bmc.com.lb	+961 (0) 1 682666 ext 7600



## Countries of Recruitment

Name
Lebanon
Canada
France
Germany
Hungary
Italy
Netherlands
Norway
Poland
Spain
Taiwan
United States of America
Turkey

## Health Conditions or Problems Studied

Condition	Code	Keyword
NSCLC	Bronchus or lung, unspecified (C34.9)	NSCLC

## Interventions

Intervention	Description	Keyword
ICF, medical history, demography, radiology, vital signs, IMP administration	ICF, medical history, demography, radiology, vital signs, IMP administration	ICF, medical history, demography, radiology, vital signs, IMP administration

## Primary Outcomes

Name	Time Points	Measure
Overall response Rate (ORR)	6 cycles	all patients have completed at least 6 cycles of treatment



## Key Secondary Outcomes

Name	Time Points	Measure
•Safety and Tolerability as assessed by incidence and severity of adverse events, dose interruptions, reductions and dose intensity	Continuously	Continuously
•Overall Response Rate (ORR)	every 8 weeks until cycle 11 and then every 12 weeks from the start of study until end of disease progression	every 8 weeks until cycle 11 and then every 12 weeks from the start of study until end of disease progression
•Progression Free Survival (PFS)	every 8 weeks until cycle 11 and then every 12 weeks from the start of study until end of disease progression	every 8 weeks until cycle 11 and then every 12 weeks from the start of study until end of disease progression

## Trial Results

Summary results

Study results globally

Date of posting of results summaries

Date of first journal publication of results

Results URL link

Baseline characteristics

Participant flow

Adverse events

Outcome measures

URL to protocol files