





Drug: docetaxel

docetaxel concentrated solution for infusion, intravenously administered

**Key inclusion and exclusion criteria: Inclusion criteria**

- Participant has histologically confirmed locally advanced/metastatic (stage IIIB/IIIC or IV)
- Participant has a KRAS G12C mutation present in tumor tissue prior to enrollment, as determined by a Novartis designated central laboratory.
- Participants has received one prior platinum-based chemotherapy regimen and one prior immune checkpoint inhibitor therapy for locally advanced or metastatic disease
- Participant has at least 1 evaluable (measurable or non-measurable) lesion by RECIST 1.1 at the screening visit.

**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**

- Participant has previously received docetaxel, KRAS G12C inhibitor or any other systemic therapy for their locally advanced or metastatic NSCLC other than one platinum-based chemotherapy and one prior immune check point inhibitor
- Participant has EGFR-sensitizing mutation and/or ALK rearrangement by local laboratory testing
- Participant has known active central nervous system (CNS) metastases and/or carcinomatous meningitis
- Participant has an history of interstitial lung disease or pneumonitis grade > 1.

**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**

Randomized controlled trial

**Study design: Masking**

Open (masking not used)

**Study design: Control**

Active

**Study phase**

3

**Study design: Purpose**

Treatment

**Study design: Specify purpose**

N/A

**Study design: Assignment**

Parallel

**Study design: Specify assignment**

N/A

**IMP has market authorization**

No

**IMP has market authorization: Specify**

**Name of IMP**

JDQ443

**Year of authorization**

**Month of authorization**

**Type of IMP**

Gene therapy

**Pharmaceutical class**

KRAS G12C inhibitors

**Therapeutic indication**

Locally Advanced or Metastatic KRAS G12C Mutant Non-small Cell Lung Cancer

**Therapeutic benefit**



To determine if JDQ443 is safe and effective for better controlling NSCLC, with KRAS G12C mutation, compared to docetaxel

**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**

N/A

**Time perspective: Specify perspective**

N/A

**Target follow-up duration**

**Target follow-up duration: Unit**

**Number of groups/cohorts**

**Biospecimen retention**

Samples with DNA\*\*

**Biospecimen description**

Samples will be shipped to Q2 for lab tests and Navigate biopharma for biomarker assessment

**Target sample size**

6

**Actual enrollment target size**

**Date of first enrollment: Type**

Anticipated

**Date of first enrollment: Date**

27/06/2022

**Date of study closure: Type**

Anticipated

**Date of study closure: Date**

29/05/2025

**Recruitment status**

Pending

**Recruitment status: Specify**

**Date of completion**

**IPD sharing statement plan**

Yes

**IPD sharing statement description**

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 <https://www.clinicalstudydatarequest.com/>.

**Additional data URL**



<https://clinicaltrials.gov/ct2/show/record/NCT05132075?term=CJDQ443B12301&draw=2&rank=1>

#### Admin comments

#### Trial status

Approved

## Secondary Identifying Numbers

Full name of issuing authority	Secondary identifying number
clinicaltrials.gov	NCT05132075

## Sources of Monetary or Material Support

Name
Novartis Pharmaceuticals

## Secondary Sponsors

Name
NA

## Contact for Public/Scientific Queries

Contact type	Contact full name	Address	Country	Telephone	Email	Affiliation
Public	Fadi Farhat	Saida	Lebanon	+961 3 753155	drfadi.trials@gmail.com	Hammoud Hospital University Medical Center
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Public	Fadi El Karak	Beirut	Lebanon	+961 3 061621	felkarak@yahoo.com	Hotel Dieu de France

## Centers/Hospitals Involved in the Study

Center/Hospital name	Name of principles investigator	Principles investigator speciality	Ethical approval
Hammoud Hospital University Medical Center	Fadi Farhat	Oncology	Approved
Hotel Dieu de France	Fadi El Karak	Oncology	Approved



## Ethics Review

Ethics approval obtained	Approval date	Contact name	Contact email	Contact phone
Hammoud Hospital University Medical Center	28/01/2022	Ibrahim Omeis	iomeis@hammoudhospital.org	+961 (0) 7 723111 ext 1222/1223
Hotel Dieu de France	03/05/2022	Nancy Alam	nancy.alam@usj.edu.lb	+961 (0) 1 421000 ext 2335

## Countries of Recruitment

Name
Czech Republic
Lebanon

## Health Conditions or Problems Studied

Condition	Code	Keyword
locally advanced or metastatic KRAS G12C mutant non-small cell lung cancer	Malignant neoplasm of bronchus and lung (C34)	non-small cell lung cancer

## Interventions

Intervention	Description	Keyword
IMP administration , ICF, visit assessment and schedule	IMP administration , ICF, visit assessment and schedule	IMP administration , ICF, visit assessment and schedule

## Primary Outcomes

Name	Time Points	Measure
Progression free survival (PFS)	Approximately up to 24 months	PFS is the time from date of randomization/start of treatment to the date of event defined as the first documented progression or death due to any cause. PFS is based on central assessment and using RECIST 1.1 criteria

## Key Secondary Outcomes

Name	Time Points	Measure
Overall Survival (OS)	Approximately up to 33 months	OS is defined as the time from date of randomization to date of death due to any cause
Overall Response Rate (ORR)	Approximately up to 33 months	ORR is defined as the proportion of patients with best overall response of complete response (CR) or partial response (PR) based on central and local investigator's assessment according to RECIST 1.1.



Disease Control Rate (DCR)	Approximately up to 33 months	DCR is defined as the proportion of participants with Best Overall Response (BOR) of Complete Response (CR), Partial Response (PR), Stable Disease (SD) or Non-CR/Non-PD.
Time To Response (TTR)	Approximately up to 33 months	TTR is defined as the time from the date of randomization to the date of first documented response (CR or PR, which must be confirmed subsequently)
Duration of Response (DOR)	Approximately up to 33 months	DOR is calculated as the time from the date of first documented response (complete response (CR) or partial response (PR)) to the first documented date of progression or death due to underlying cancer.
Progression-Free Survival after next line therapy (PFS2)	Approximately up to 33 months	PFS2 (based on local investigator assessment) is defined as time from date of randomization to the first documented progression on next line therapy or death from any cause, whichever occurs first.
Concentration of JDQ443 and its metabolite in plasma	Approximately up to 33 months	To characterize the pharmacokinetics of JDQ443 and its metabolite HZC320
Time to definitive deterioration of Eastern Cooperative Group of Oncology Group (ECOG) performance status	Approximately up to 33 months	Deterioration of Eastern Cooperative Oncology Group (ECOG) Performance Status (PS)
Time to definitive 10-point deterioration symptom scores of chest pain, cough and dyspnea per QLQ-LC13	Approximately up to 33 months	The EORTC QLQ LC13 is a 13-item, lung cancer specific questionnaire module, and it comprises both multi-item and single-item measures of lung cancer-associated symptoms (i.e. coughing, hemoptysis, dyspnea and pain) and side-effects from conventional chemo- and radiotherapy (i.e. hair loss, neuropathy, sore mouth and dysphagia). The time to definitive 10-point deterioration is defined as the time from the date of randomization to the date of event, which is defined as at least 10 points absolute increase from baseline (worsening), with no later change below the threshold or death due to any cause
Time to definitive deterioration in global health status/QoL, shortness of breath and pain per QLQ-C30	Approximately up to 33 months	The EORTC QLQ-C30 is a questionnaire developed to assess the health-related quality of life of cancer participants. The questionnaire contains 30 items and is composed of both multi-item scales and single-item measures based on the participants experience over the past week. These include five domains (physical, role, emotional, cognitive and social functioning), three symptom scales (fatigue, nausea/vomiting, and pain), six single items (dyspnea, insomnia, appetite loss, constipation, diarrhea and financial impact) and a global health status/HRQoL scale. The time to definitive 10-point deterioration is defined as the time from the date of randomization to the date of event, which is defined as at least 10 points absolute increase from baseline (worsening) of the corresponding scale score, with no later change below the threshold or death due to any cause
Change from baseline in EORTC-QLQ-C30	Approximately up to 33 months	The EORTC QLQ-C30 is a questionnaire developed to assess the health-related quality of life of cancer participants. The questionnaire contains 30 items and is composed of both multi-item scales and single-item measures based on the participants experience over the past week. These include five domains (physical, role, emotional, cognitive and social functioning), three symptom scales (fatigue, nausea/vomiting, and pain), six single items (dyspnea, insomnia, appetite loss, constipation, diarrhea and financial impact) and a global health status/HRQoL scale. A higher score indicates a higher presence of symptoms.
Change from baseline in EORTC-QLQ-LC13	Approximately up to 33 months	The EORTC QLQ LC13 is a 13-item, lung cancer specific questionnaire module, and it comprises both multi-item and single-item measures of lung cancer-associated symptoms (i.e. coughing, hemoptysis, dyspnea and pain) and side-effects from conventional chemo- and radiotherapy (i.e. hair loss, neuropathy, sore mouth and dysphagia). A higher score indicates a higher presence of symptoms.



Change from baseline in EORTC-EQ-5D-5L	Approximately up to 33 months	The EQ-5D-5L is a generic instrument for describing and valuing health. It is based on a descriptive system that defines health in terms of 5 dimensions: Mobility, Self-Care, Usual Activities, Pain/Discomfort, and Anxiety/Depression.
Change from baseline in NSCLC-SAQ	Approximately up to 33 months	The Non-Small Cell Lung Cancer Symptom Assessment Questionnaire (NSCLC-SAQ) is a 7-item, patient-reported outcome measure which assess patient-reported symptoms associated with advanced NSCLC. It contains five domains and accompanying items that were identified as symptoms of NSCLC: cough (1 item), pain (2 items), dyspnea (1 item), fatigue (2 items), and appetite (1 item).
PFS based on KRAS G12C mutation status in plasma.	Approximately up to 33 months	To compare the clinical outcomes for JDQ443 vs docetaxel based on KRAS G12C mutation status in plasma
OS based on KRAS G12C mutation status in plasma.	Approximately up to 33 months	To compare the clinical outcomes for JDQ443 vs docetaxel based on KRAS G12C mutation status in plasma
ORR based on KRAS G12C mutation status in plasma	Approximately up to 33 months	To compare the clinical outcomes for JDQ443 vs docetaxel based on KRAS G12C mutation status in plasma

## 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**