

### Study of JDQ443 in Comparison With Docetaxel in Participants With Locally Advanced or Metastatic KRAS G12C Mutant Nonsmall Cell Lung Cancer

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**Main Information** 

Primary registry identifying number

LBCTR2022055019

MOH registration number

Study registered at the country of origin

Type of registration

Prospective

Date of registration in national regulatory agency

**Primary sponsor** 

**Novartis Pharmaceuticals** 

Date of registration in primary registry

22/01/2024

**Public title** 

Study of JDQ443 in Comparison With Docetaxel in Participants With Locally Advanced or Metastatic KRAS G12C Mutant Non-small Cell Lung Cancer

Scientific title

A Randomized, Controlled, Open Label, Phase III Study Evaluating the Efficacy and Safety of JDQ443 Versus Docetaxel in Previously Treated Subjects With Locally Advanced or Metastatic KRAS G12C Mutant Non-small Cell Lung Cancer

Brief summary of the study: English

This is a phase III open label study designed to compare JDQ443 as monotherapy to docetaxel in participants with advanced nonsmall cell lung cancer (NSCLC) harboring a KRAS G12C mutation who have been previously treated with a platinum-based chemotherapy and immune checkpoint inhibitor therapy either in sequence or in combination

Brief summary of the study: Arabic

مقابل دوسيتاكسيل لدى أشخاص معالجين سابقًا مصابين بسرطان الرئة JDQ443 دراسة مرحلة ثالثة ومفتوحة التسمية تقيّم فعاليّة وسلامة دواء KRAS G12C ذي الخلايا غير الصغيرة المتقدّم محليًا أو المنتشر مع الطفرة الجينية

Health conditions/problem studied: Specify

Non-Small Cell Lung Cancer

Interventions: Specify

Drug: JDQ443

JDQ443 tablets, orally administered

Protocol number

CJDQ443B12301

Study registered at the country of origin: Specify

Type of registration: Justify

N/A

Primary sponsor: Country of origin

**Novartis Pharmaceuticals** 

Date of registration in national regulatory agency

Acronym

KontRASt-02

Acronym

KontRASt-02



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

Key inclusion and exclusion criteria: Specify gender

Both

Key inclusion and exclusion criteria: Age minimum

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

Active

Type of intervention Type of intervention: Specify type

Pharmaceutical

Trial scope Trial scope: Specify scope

Therapy

Study design: AllocationStudy design: MaskingRandomized controlled trialOpen (masking not used)

Study design: Control Study phase

Study design: Purpose Study design: Specify purpose

Treatment

Study design: Assignment Study design: Specify assignment

Parallel

IMP has market authorization IMP has market authorization: Specify

No

Name of IMP Year of authorization Month of authorization

Type of IMP

JDQ443

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 Study model: Explain model

N/A N/A

Study model: Specify model

N/A

Time perspective Time perspective: Explain time perspective

N/A N/A

Time perspective: Specify perspective

N/A

Target follow-up duration Target follow-up duration: Unit

Number of groups/cohorts

Biospecimen retention Biospecimen description

Samples will be shipped to Q2 for lab tests and Navigate Samples with DNA\*\*

biopharma for biomarker assessment

Target sample size

Date of first enrollment: Type Date of first enrollment: Date

28/05/2024 Anticipated

Date of study closure: Type Date of study closure: Date

29/05/2025 Anticipated

Recruitment status Recruitment status: Specify

Recruiting

Date of completion

IPD sharing statement plan IPD sharing statement description

Yes 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.

Actual enrollment target size

This trial data availability is according to the criteria and process described on https://www.clinicalstudydatarequest.com/.

Additional data URL

3



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@gm ail.com	Hammoud Hospital University Medical Center
Scientific	Hind Khairallah	Sin El Fil	Lebanon	01512002 ext. 271	hind.khairallah@f attal.com.lb	Khalil Fattal et Fils s.a.l.
Public	Fadi El Karak	Beirut	Lebanon	+961 3 061621	felkarak@yahoo. com	Hotel Dieu de France
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Public	Arafat Tfayli	Hamra	Lebanon	+961 71194294	at35@aub.edu.lb	American University of Beirut Medical Center



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
Hopital Saint Joseph	Hampig Raphael Kourie	Oncology	Approved
American University of Beirut Medical Center	Arafat Tfayli	Hematology - Oncology	Approved

Ethics Review	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	France 03/05/2022 Nancy Alam		nancy.alam@usj.edu.lb	+961 (0) 1 421000 ext 2335	
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American University of Beirut Medical Center	13/10/2022	Rami Mahfouz	rm11@aub.edu.lb	+961 (0) 1 350 000 ext:5445	

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 cancerassociated 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	