



CLINICAL STUDY RESULTS

A study of cabozantinib in people with advanced-stage kidney cancer that could not be treated with surgery and got worse after initial treatment

41% of participants who received initial treatment had cancer that decreased after receiving cabozantinib in this study.

The results shown in this summary are from one clinical study. Other clinical studies may produce different results.

This lay summary was created by Ipsen with the assistance of a third-party writing service provider.

What was the study about?

This study aimed to learn about the effects and safety of cabozantinib in 2 groups of patients whose renal cell carcinoma (RCC) got worse after receiving initial treatment. The participants in this study had cancers that were at an advanced stage and that could not be removed by surgery.

RCC is the most common type of kidney cancer in adults. Clear-cell RCC looks like clear soap bubbles when viewed under a microscope. Locally advanced RCC means that the cancer has spread to or beyond the blood vessels, tissue, organs, or lymph nodes surrounding the kidney. Metastatic RCC means that the cancer has spread to distant parts of the body.

According to recent guidelines, drugs called checkpoint inhibitors (CPI) and VEGF-targeted treatments are available to treat RCC. However, some people do not respond as well as others and new treatments are needed.

Cabozantinib is approved as a treatment for people with advanced RCC. Cabozantinib works by blocking signals that help cancer cells grow and spread. It also controls the growth of new blood vessels that supply the cancer with blood and nutrients.

In this study, researchers wanted to learn about the effect and safety of cabozantinib in 2 groups of patients with RCC.

- **Group 1:** had RCC that got worse after receiving CPIs
- **Group 2:** had RCC that got worse after receiving CPIs combined with VEGF-targeted treatment.

The aim of this study was to assess the effect and safety of cabozantinib in people with RCC whose disease got worse after receiving initial treatment that included CPIs

The study took place between December 2019 and November 2023 at 40 study sites in 7 countries in Europe.

Who took part in this study?



127

PARTICIPANTS



96

MEN



31

WOMEN



64 YEARS

AVERAGE AGE



To be eligible to take part in the study, participants had to:

- be aged 18 years or older,
- have advanced stage RCC that could not be treated with surgery,
- have RCC that had got worse after initial treatment that included CPIs, and
- be able to perform normal daily tasks and take care of themselves.



Participants were not eligible to take part in the study if they:

- had been treated with cabozantinib or blood thinning medicines, and
- had a health condition that made them unsuitable to take part, as advised by the study doctor.

What treatments were used?



Cabozantinib tablets were taken at a dose of 60 milligrams (mg) by mouth once daily.

Before Treatment:

Researchers checked the participants within 15 days before starting cabozantinib treatment to see if they could take part in the study.

During Treatment:

Participants were divided into 2 groups to receive cabozantinib based on the treatments they had received previously for RCC:

- **Group 1: 85 participants** whose RCC got worse after initial treatment with CPIs.
- **Group 2: 42 participants** whose RCC got worse after initial treatment with CPIs combined with VEGF-targeted treatment.

This study was “open label”. This means that both the researchers and the participants knew which treatment was given to which participants.

Participants could continue cabozantinib until the end of the study, which was 1 and half years after the final participant who entered the study, started cabozantinib treatment. However, participants could stop the treatment earlier if their cancer got worse, if they experienced unacceptable side effects, or if they chose to leave the study on their own.

After Treatment:

Participants were contacted every 3 months to check their health and to collect information about further cancer treatments they had received.

What researchers found out in the study?

41% of the participants in Group 1 had cancer that decreased in size.

How many participants in Group 1 had cancer that decreased in size or completely disappeared?

Out of 127 participants who took part in the study, the results from 79 participants in Group 1 were assessed.

32 out of 79 participants (41%) in Group 1 had cancer that decreased in size or disappeared completely.

How many participants in Group 2 had cancer that decreased in size or completely disappeared?

Out of 127 participants who took part in the study, the results from 40 participants in Group 2 were assessed.

11 out of 40 participants (28%) in Group 2 had cancer that decreased in size or disappeared completely.

How did the treatment make participants feel?

During the study, participants were asked to report any 'adverse events', i.e. if they felt unwell, experienced any kind of medical event, or noticed anything different about their bodies. Researchers recorded *all* adverse events reported by participants, whatever the cause.

If the study doctor thinks an adverse event may be related to the study treatment, it is called a 'side effect'. A side effect is considered 'serious' when it is life-threatening, causes lasting problems, or leads to hospitalization.










- Adverse events that are *life-threatening*, cause lasting problems or require an individual to go to the *hospital* are considered *serious*.
- 32 out of 127 (25%) participants experienced serious side effects.
- None of the participants died during the study due to a side effect.

Overall, 126 out of 127 participants (99%) experienced side effect:

- **85 out of 85 participants (100%) in Group 1**
- **41 out of 42 participants (98%) in Group 2**

18 out of 127 participants (14%) stopped taking study treatments because of a side effect.

The most commonly reported side effects that happened in more than 20% of the participants in the study are shown in the table below, both as a percentage (%) followed by the actual number of participants in the group (e.g. 66% or 84 out of 127).

Side Effects	Overall (127 Participants)	
Diarrhoea	66% (84 out of 127)	
Loss of appetite	43% (55 out of 127)	
High blood pressure	43% (54 out of 127)	
Inflammation of the mouth and lips	41% (52 out of 127)	
Inflammation on the palms of the hands and soles of the feet	38% (48 out of 127)	
Extreme tiredness	35% (45 out of 127)	
Feeling sick (the desire to vomit)	26% (33 out of 127)	
Increase in blood levels of an enzyme called aspartate aminotransferase that may indicate liver damage	22% (28 out of 127)	
Increase in blood levels of an enzyme called alanine aminotransferase that may indicate liver damage	21% (26 out of 127)	

More information

To learn more about this study, please visit the ClinicalTrials.gov website and search for study NCT03945773 or visit www.clinicaltrialsregister.eu/ctr-search/search and search for study 2018-002820-18.

For more information about current treatments available, please speak to your healthcare provider. If you have any questions about this study, please contact the sponsor, Ipsen at:

 clinical.trials@ipson.com

Future research

There is no future research planned on this topic.

Study identification and other information

FULL STUDY TITLE: A Phase II, Multicentre, Open-label Study of Cabozantinib as 2nd Line Treatment in Subjects With Unresectable, Locally Advanced or Metastatic Renal Cell Carcinoma With a Clear-Cell Component Who Progressed After 1st Line Treatment With Checkpoint Inhibitors

STUDY NUMBERS: Europe: 2018-002820-18 | United States: NCT03945773 |

PROTOCOL: F-FR-60000-023

OTHER INFORMATION: Phase 2 studies can take several months to years to complete and look at how safe a potential new treatment is.

We thank all the volunteers who took part in this study. Without their support, advances in treatments for medical conditions would not be possible.

We would also like to thank the people who took the time to review this document to make it easier for a general audience to read.