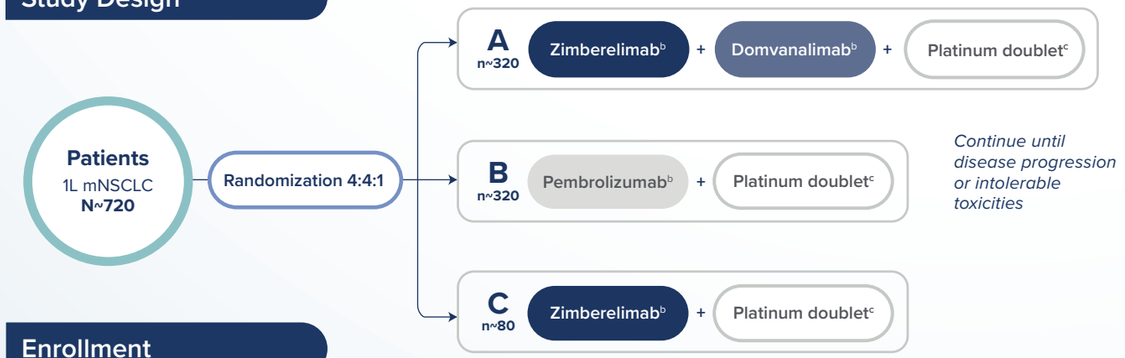
ClinicalTrials.gov Identifier: NCT05502237 EudraCT Identifier: 2022-000578-25

STAR-121: A Randomized, Open-Label, Phase 3 Study to Evaluate Zimberelimab and Domvanalimab in Combination With Chemotherapy Versus Pembrolizumab With Chemotherapy for the 1L Treatment of Patients With Metastatic Non-Small Cell Lung Cancer With No *EGFR* or *ALK* Genomic Tumor Aberrations[a]

Study Design[1,2]



Enrollment

Study Population

1L mNSCLC

- mNSCLC with no actionable mutations
- No prior systemic treatment for mNSCLC
- PD-L1 all comers
- ECOG PS 0-1
- No interstitial lung disease
- No untreated brain metastases

[a]In collaboration with Arcus Biosciences. [b]Zimberelimab, domvanalmab, and pembrolizumab are given Q3W for a maximum of 35 doses. [c]Choice of chemotherapy is dependent on histology. Participants with non-squamous histology will receive cisplatin 75 mg/m^2 or carboplatin AUC5 with pemetrexed 500 mg/m^2 Q3W. Those with squamous histology will receive carboplatin AUC6 Q3W with paclitaxel 200 mg/m^2 Q3W or nab-paclitaxel 100 mg/m^2 QW. Note: After the completion of the first 4 cycles, participants with non-squamous histology may continue with maintenance pemetrexed 500 mg/m^2 IV Q3W until PD or intolerable toxicities. [d]By BICR using RECIST v1.1.

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Key Eligibility Criteria[1,2]

Key Inclusion Criteria

- Pathologically documented Stage IV NSCLC at the time of enrollment (AJCC 8th edition)
- Documented negative test results for *EGFR* and *ALK* mutations
- No known actionable genomic alterations, including *ROS-1, NTRK, BRAF*, and *RET*
- Have not received prior systemic treatment for mNSCLC. Adjuvant/neoadjuvant treatment is acceptable if treatment was completed at least 12 months prior to start of study treatment
- Measurable disease per RECIST v1.1 criteria by investigator assessment

Key Exclusion Criteria

- Prior treatment with ICIs
- Known active CNS metastases. Individuals with treated brain metastases may participate, provided they have stable CNS disease for at least 4 weeks prior to enrollment
- History of (noninfectious) pneumonitis/ILD that required steroids

Endpoints[1,2]

Primary Endpoints

Cohort A vs Cohort B

- PFS[d]
- OS

Secondary Endpoints

Cohort A vs Cohort B

- ORR[d]
- DOR[d]
- Safety
- QoL

1L, first line; AJCC American Joint Committee on Cancer; ALD, anaplastic lymphoma kinase; ALK, anaplastic lyphoma kinase; AUC, area under the curve; BICR, blinded independent central review; BRAF, proto-oncogene B-raf; CNS, central nervous system; DOR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; EGFR epidermal growth factor receptor; ICI, immune checkpoint inhibitor; ILD, interstitial lung disease; IV, intravenous; m, metastatic; NSCLC, non-small cell lung cancer; nsq, non-squamous; NTRK, neurotropic tyrosine receptor kinase; ORR, objective response rate; OS, overall survival; PD, progressive disease; PD-(L)1, programmed cell death protein (death-ligand) 1 [PD-(L)1]; PFS, progression-free survival; Q3W, every 3 weeks; QoL, quality of life; QW, every week; R, randomization; RECIST, Response Evaluation Criteria in Solid Tumors; RET, rearranged during transfection (RET)-proto oncogene; ROS-1, ROS proto-oncogene 1; RT, radiation therapy; sq, squamous; TPS, tumor proportion score; vs, versus.

References

1. Clinicaltrials.gov website. Accessed May 3, 2024. https://www.clinicaltrials.gov/ct2/show/NCT05502237
2. Data on file. Gilead Sciences, Inc.; 2022.

The safety and efficacy of these investigational agents have not been established, and they have not received marketing authorization in this setting. There is no guarantee that these investigational agents and/or uses will receive Health Authority approval and/or become commercially available. Visit clinicaltrials.gov for more information. Clinicaltrials.gov: NCT05502237