

Clinical Trials Summary for out of hours Important Reference



Lancashire Teaching
Hospitals

NHS Foundation Trust

Acronym study title	<p>TROPION-Lung10</p> <p>A Phase III, Randomised, Open-label, Global Study of Datopotamab Deruxtecan (Dato-DXd) in Combination With Rilvegostomig (AZD2936) or Rilvegostomig Monotherapy Versus Pembrolizumab Monotherapy for the First-line Treatment of Participants With Locally-advanced or Metastatic Non-squamous NSCLC With High PD-L1 Expression (TC ≥ 50%) and Without Actionable Genomic Alterations</p>												
Study Details	<p>Participants will be randomised 2:1:2 to:</p> <p>Arm 1: Dato-DXd 6mg/kg IV infusion + Rilvegostomig 750mg IV infusion every 3 weeks on Day 1 of each cycle. At least 1 hour between infusions.</p> <p>Arm 2: Rilvegostomig monotherapy 750mg IV infusion every 3 weeks on Day 1 of each cycle.</p> <p>Arm 3: Pembrolizumab monotherapy 200mg IV infusion every 3 weeks on Day 1 of each cycle for maximum 35 cycles.</p> <p>The visit frequency will be every 3 weeks during the treatment period.</p> <p>Dato-DXd IV infusion: 90 (± 10) minutes for the first infusion, minimum 30 minutes for subsequent infusions. After the content of the IV bag is administered, the IV line will be flushed with a volume of 5% dextrose for injection equal to the IV line volume, at the same rate as infusion according to local practices, to ensure the full dose is administered.</p> <p>Rilvegostomig IV infusion: 75 (± 15) minutes. After the content of the IV bag is administered, the IV line will be flushed with a volume of 0.9% sodium chloride for injection or 5% dextrose for injection equal to the IV line volume, at the same rate as infusion according to local practices, to ensure the full dose is administered.</p> <hr/> <p>Dato-DXd must be administered before other study interventions in this study. Other study interventions should not be co-administered with Dato-DXd through the same infusion line. Two consecutive doses of Dato-DXd must be administered at least 18 days apart.</p>												
Principal Investigator PI Sub PI's	<p>PI: Prof Ruth Board</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Prof Dennis Hadjiyiannakis</td> <td style="width: 40%;">dennis.hadjiyiannakis@lthtr.nhs.uk</td> <td style="width: 30%;">Sub-I</td> </tr> <tr> <td>TaiChung Lam</td> <td>taichung.lam@lthtr.nhs.uk</td> <td>Sub-I</td> </tr> <tr> <td>Dr Amin Ali</td> <td>amin.ali@lthtr.nhs.uk</td> <td>Sub-I</td> </tr> <tr> <td>Dr D Devleena</td> <td>devleena.devleena@lthtr.nhs.uk</td> <td>Sub-I</td> </tr> </table>	Prof Dennis Hadjiyiannakis	dennis.hadjiyiannakis@lthtr.nhs.uk	Sub-I	TaiChung Lam	taichung.lam@lthtr.nhs.uk	Sub-I	Dr Amin Ali	amin.ali@lthtr.nhs.uk	Sub-I	Dr D Devleena	devleena.devleena@lthtr.nhs.uk	Sub-I
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Research Nurse Team	Sirjana Devkota Carolyn Hatch (back up Research Nurse)																																
Drug therapy	<p>Table 10 Investigational Products</p> <table border="1"> <thead> <tr> <th>Study intervention</th> <th>Dato-DXd</th> <th>Rilvegostomig</th> <th>Pembrolizumab</th> </tr> </thead> <tbody> <tr> <td>Intervention name</td> <td>Dato-DXd</td> <td>Rilvegostomig</td> <td>Pembrolizumab</td> </tr> <tr> <td>Type</td> <td>ADC</td> <td>Biologic</td> <td>Biologic</td> </tr> <tr> <td>Dosage form</td> <td>Lyophilised powder for concentrate for solution for infusion</td> <td>Concentrate for solution for infusion</td> <td>Concentrate for solution for infusion</td> </tr> <tr> <td>Unit dose strength(s)</td> <td>100 mg/vial (20 mg/mL)</td> <td>750 mg/vial (50 mg/mL)</td> <td>100 mg (25 mg/mL)</td> </tr> <tr> <td>Dosing regimen</td> <td>6 mg/kg q3w</td> <td>750 mg q3w</td> <td>200 mg q3w</td> </tr> <tr> <td>Route of administration</td> <td>i.v. infusion</td> <td>i.v. infusion</td> <td>i.v. infusion</td> </tr> <tr> <td>Use</td> <td>Experimental</td> <td>Experimental</td> <td>Active comparator</td> </tr> </tbody> </table>	Study intervention	Dato-DXd	Rilvegostomig	Pembrolizumab	Intervention name	Dato-DXd	Rilvegostomig	Pembrolizumab	Type	ADC	Biologic	Biologic	Dosage form	Lyophilised powder for concentrate for solution for infusion	Concentrate for solution for infusion	Concentrate for solution for infusion	Unit dose strength(s)	100 mg/vial (20 mg/mL)	750 mg/vial (50 mg/mL)	100 mg (25 mg/mL)	Dosing regimen	6 mg/kg q3w	750 mg q3w	200 mg q3w	Route of administration	i.v. infusion	i.v. infusion	i.v. infusion	Use	Experimental	Experimental	Active comparator
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In the event that a patient calls this hotline for advice	Contact the PI or sub-investigators via Hospital Switchboard																																