

Summary of Clinical Trial Results

A study to compare atezolizumab with a placebo in people with head and neck cancer who are at a high risk of their cancer returning or getting worse after completion of standard initial therapy

See the end of the summary for the full title of the study.

About this summary

This is a summary of the results of a clinical trial (called a 'study' in this document) – written for:

- members of the public and
- people who took part in the study.

This summary is based on information known at the time of writing.

The study started in April 2018 and stopped early – in March 2024 because the medicine being studied did not work as well as expected.

No single study can tell us everything about the risks and benefits of a medicine. It takes lots of people in many studies to find out everything we need to know. The results from this study may be different from other studies with the same medicine.

This means that you should not make decisions based on this one summary – always speak to your doctor before making any decisions about your treatment.

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Thank you to the people who took part in this study

The people who took part have helped researchers to answer important questions about head and neck cancer and the medicine studied – 'atezolizumab'.

Key information about this study

Why was the study done?

- This study was done to look at how well a new treatment works at stopping head and neck cancer coming back or getting worse after initial treatments have been given.

What was the treatment being studied and who was involved?

- In this study, people were given either the medicine being studied (called 'atezolizumab') or a placebo – it was decided by chance which treatment each person was given.
- This study included 406 people in 23 countries.

What were the results?

- The main finding was that atezolizumab did not increase the amount of time that people lived before their cancer came back or worsened compared with placebo.
 - In the atezolizumab group, the average time was 5 years (60 months)
 - In the placebo group, the average time was around 4 and half years (53 months)
- Around 4% of people (7 out of 202 people) taking atezolizumab had serious unwanted effects that were considered related to the study treatment, compared to less than 1% of people (1 out of 203 people) taking the placebo.
- This study stopped early because atezolizumab did not work as well as expected.

1. General information about this study

Why was this study done?

Head and neck cancer is the 6th most common type of cancer in the world. The most common type of head and neck cancer is called squamous cell carcinoma of the head and neck (SCCHN). SCCHN includes cancers of the lips, mouth, tongue, throat, and voice box. It is called 'locally advanced' when it has spread to nearby areas but not to other parts of the body. Treatment for locally advanced head and neck cancer includes surgery, chemotherapy, radiotherapy and targeted therapy (cetuximab).

After people have finished their first treatments, they are monitored for signs of the cancer coming back. Current treatment may not completely remove the cancer or may not work at all. For this reason, new treatment options are needed.

This study looked at an immunotherapy treatment to stop head and neck cancer coming back or getting worse after first treatments have been given. Immunotherapy is a type of medicine that helps a person's own immune system attack cancer cells. The immune system is the body's natural defence, which protects the body from foreign or harmful substances such as bacteria and viruses.

What was the medicine being studied?

A medicine called 'atezolizumab' was the focus of this study.

- You say this as 'ah-tezz-oh-LIZ-yoo-mab'.
- Atezolizumab works by blocking a protein called 'PD-L1' that is often found on head and neck cancer cells.
 - PD-L1 'hides' the cancer from the immune system
 - Blocking PD-L1 allows the immune system to attack the cancer cells
- This may mean that atezolizumab could stop head and neck cancers from growing
- Atezolizumab is approved for treating other types of cancers.

Atezolizumab was compared to a 'placebo'.

- You say this as 'plah – see – bo'
- The placebo looked the same as atezolizumab but did not contain any real medicine. This means it had no medicine-related effect on the body.
- Researchers compared the medicine being studied to a placebo so they could show which benefits or unwanted effects are actually caused by the medicine.

What did researchers want to find out?

- Researchers did this study to compare atezolizumab with a placebo – to see how well atezolizumab worked (see section 4 "What were the results of the study?").
- They also wanted to find out how safe the medicine was – by checking how many people had unwanted effects and seeing how serious they were (see section 5 "What were the unwanted effects?").

The main question that researchers wanted to answer was:

1. How long did people live after starting the study treatment before their cancer came back or got worse?

What kind of study was this?

This study was a 'Phase 3' study. This means that atezolizumab had been previously tested in a number of people whose head and neck cancer was at a more advanced stage and had spread to other parts of the body. In this Phase 3 study, people with locally advanced head and neck cancer either took atezolizumab or a placebo after they had been given their usual treatment. This was to find out if atezolizumab could better prevent the cancer from coming back or getting worse. The results will help decide if doctors can use this treatment for people in the future.

The study was 'randomised'. This means that it was decided by chance to place study participants into the different study treatment groups like flipping a coin, to protect against bias. Randomly choosing which medicine people take, makes it more likely that the types of people in both groups (for example, age, race) will be a similar mix. Apart from the exact treatments being tested in each group, all other aspects of care were the same between the groups. This helps researchers compare and see which treatment works better than others.

This was a 'double-blind' study. This means that neither the people taking part in the study, or the study doctors knew which of the study medicines people were taking. This is done to make sure that the results of the treatment are not affected by what people expected from

the received treatment. After the study is finished, the people in the study can ask to find out which treatment they got.

When and where did the study take place?

The study started in April 2018 and stopped early because atezolizumab did not work as well as expected. This summary presents the results of the study up until it was stopped in March 2024.

The study took place at 127 study centres – across 23 countries in Africa, Asia, Australia, Europe and North and South America. The following map shows the countries where this study took place.



2. Who took part in this study?

In this study, 406 people with head and neck cancer took part.

People who took part in the study were between 25 and 83 years of age. Most of the people who took part in the study were male - 342 of the 406 people (84%) - and 64 of the 406 people (16%) were female.

People could take part in the study if:

- They were at least 18 years of age
- Their cancer had spread to nearby tissues or bones but not to other parts of the body
- They had completed at least 2 types of treatment (surgery, chemotherapy, radiotherapy or targeted therapy) 2 to 5 months before starting the study, depending on the treatment they had
- Their cancer was not detectable on scans after treatment, had shrunk or did not get worse

People could not take part in the study if:

- Their cancer had worsened during or shortly after initial treatment
- They had a type of head and neck cancer that started in the mouth (known as ‘oral cavity cancer’) or middle of the throat (known as ‘oropharyngeal cancer’) that did not shrink after treatment

3. What happened during the study?

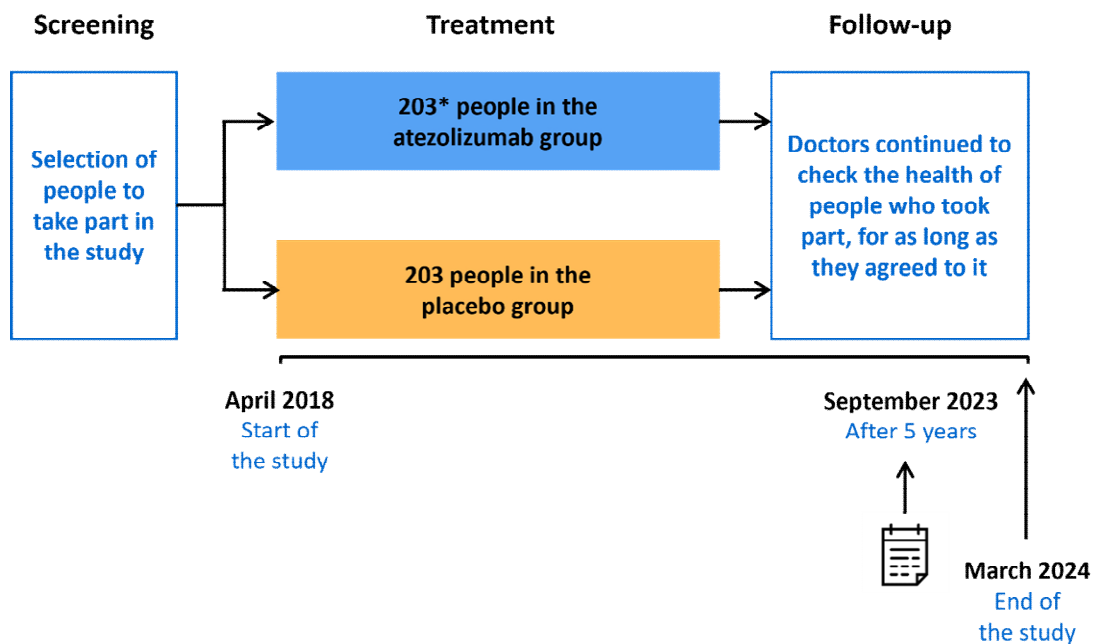
During the study, people were selected by chance to get 1 of 2 treatments. The treatments were selected at random – by a computer.

The treatment groups were:

- **Atezolizumab** (the medicine being studied) – as a drip into the vein (infusion) every 3 weeks
- **Placebo** – as a drip into the vein (infusion) every 3 weeks

Treatment was given for up to 1 year, or until a person’s cancer came back, got worse, they had unacceptable unwanted effects, or they decided to leave the study.

After people finished taking their medicine for this study, they were asked to go back to their study centre for more visits – to check their overall health.



*1 person joined the atezolizumab group but was not given atezolizumab. This person is not included in the safety results in Section 5.

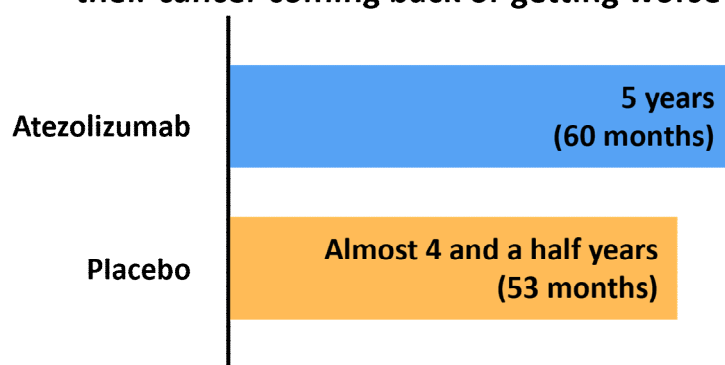
This study stopped early, so the symbol on the timeline (📅) shows when the information shown in this summary was collected – after 5 years (September 2023).

4. What were the results of the study?

Question 1: How long did people live after starting the study treatment before their cancer came back or got worse?

Researchers looked at the time between when a person started treatment and when their cancer came back or worsened, or they passed away from any cause. People who were given atezolizumab lived for an average of 5 years (60 months) before any of these events happened. This compares with almost 4 and a half years (53 months) for people who were given a placebo.

On average, how long did people in each group live without their cancer coming back or getting worse?



This section only shows the key results from this study. You can find information about all other results on the websites at the end of this summary (see Section 8).

5. What were the unwanted effects?

Unwanted effects are medical problems (such as feeling dizzy) that happen during the study.

- They are described in this summary because the study doctor believes the unwanted effects were related to the treatments in the study.
- Not all of the people in this study had all of the unwanted effects.
- Unwanted effects may be mild to very serious and can be different from person to person.
- It is important to be aware that the unwanted effects reported here are from this single study. Therefore, the unwanted effects shown here may be different from those seen in other studies, or those that appear on the medicine leaflet.
- Serious and common unwanted effects are listed in the following sections.

Information on the safety of the study medicines was available from 202 of the 203 people in the atezolizumab group, and from all of the 203 people in the placebo group.

Serious unwanted effects

An unwanted effect is considered 'serious' if it is life-threatening, needs hospital care, or causes lasting problems.

During this study, 1 in every 50 people (2%) had at least one serious unwanted effect that was considered related to the study medicine. Around 4% of people taking atezolizumab had a serious unwanted effect that was considered related to the study medicine, compared with less than 1% of people taking a placebo.

The only common serious unwanted effect (seen in at least 1 in every 100 people) was lung infections that can cause cough, fever, and difficulty breathing (pneumonia).

This was seen in:

- 6 out of 202 people (3%) in the atezolizumab group
- 1 out of 203 people (less than 1%) in the placebo group

One person in the study died due to unwanted effects that may have been related to atezolizumab treatment.

During the study, some people decided to stop taking their medicine because of unwanted effects:

- In the atezolizumab group, 18 out of 202 people (9%) stopped taking their medicine.
- In the placebo group, 9 out of 203 people (4%) stopped taking their medicine.

Most common unwanted effects

During this study, around 6 out of every 10 people (61%) had an unwanted effect that was not considered serious and was related to the study medicine. Around 66% of people taking atezolizumab had an unwanted effect that was not considered serious and was related to the study medicine, compared with around 56% of people taking a placebo.

The most common unwanted effects that were or were not considered related to the study medicine are shown in the following table – these are the 15 most common unwanted effects across both treatment groups. Some people had more than one unwanted effect – this means that they are included in more than one row in the table.

Most common unwanted effects reported in this study	People taking atezolizumab (202 people total)	People taking placebo (203 people total)
Less thyroid hormone than usual	27% (54 out of 202)	17% (34 out of 203)
Frequent, watery stools	13% (26 out of 202)	5% (10 out of 203)
Feeling tired or weak	14% (29 out of 202)	13% (26 out of 203)
Itching	11% (23 out of 202)	7% (15 out of 203)
Pain in joints	11% (22 out of 202)	8% (16 out of 203)
A low level of lymphocytes - white blood cells	4% (8 out of 202)	11% (22 out of 203)
Dry mouth	9% (18 out of 202)	8% (16 out of 203)
A low number of red blood cells	9% (19 out of 202)	9% (18 out of 203)
Rash	6% (13 out of 202)	8% (17 out of 203)
Cough	8% (17 out of 202)	6% (12 out of 203)
Feeling less hungry than usual	8% (16 out of 202)	8% (16 out of 203)
Not having energy or strength	5% (11 out of 202)	8% (16 out of 203)
Pain or discomfort in the head	7% (14 out of 202)	5% (11 out of 203)
Higher than usual levels of 'ALT' in the blood which can indicate potential liver damage	7% (14 out of 202)	3% (5 out of 203)
Weight loss	6% (13 out of 202)	5% (11 out of 203)

Other unwanted effects

You can find information about other unwanted effects (not shown in the sections above) on the websites listed at the end of this summary – see Section 8.

6. How has this study helped research?

The information presented here is from a single study of 406 people with head and neck cancer. These results helped researchers learn more about head and neck cancer that had spread to nearby tissue and atezolizumab.

7. Are there plans for other studies?

Studies with atezolizumab are still happening, and further studies are planned.

8. Where can I find more information?

You can find more information about this study on the websites listed below:

- <https://clinicaltrials.gov/ct2/show/results/NCT03452137>
- <https://www.clinicaltrialsregister.eu/ctr-search/trial/2017-003302-40/results>
- https://forpatients.roche.com/en/trials/cancer/Head_and_Neck_Cancer/a-study-of-atezolizumab--antipd-l1-antibody--as-adjuvant-therapy.html

If you would like to find out more about the results of this study, the full title of the relevant scientific paper is: "Atezolizumab in high-risk locally advanced squamous cell carcinoma of the head and neck". The authors of the scientific paper are R. Haddad, J. Fayette, M. Teixeira, P. Kumar, R. Mesia and others.

Who can I contact if I have questions about this study?

If you have any further questions after reading this summary:

- Visit the ForPatients platform and fill out the contact form – https://forpatients.roche.com/en/trials/cancer/Head_and_Neck_Cancer/a-study-of-atezolizumab--antipd-l1-antibody--as-adjuvant-therapy.html
- Contact a representative at your local Roche office.

If you took part in this study and have any questions about the results:

- Speak with the study doctor or staff at the study hospital or clinic.

If you have questions about your own treatment:

- Speak to the doctor in charge of your treatment.

Who organised and paid for this study?

This study was organised and paid for by F. Hoffmann-La Roche Ltd who have their headquarters in Basel, Switzerland.

Full title of the study and other identifying information

The full title of this study is: “A phase III, multicenter, randomized, double-blind, placebo-controlled study of atezolizumab (anti-PD-L1 antibody) as adjuvant therapy after definitive local therapy in patients with high-risk locally advanced squamous cell carcinoma of the head and neck”.

The study is known as ‘IMvoke010’.

- The protocol number for this study is: WO40242.
- The ClinicalTrials.gov identifier for this study is: NCT03452137.
- The EudraCT number for this study is: 2017-003302-40.