Official Title: A Phase 1/2 Study of INCB099280 in Combination With Axitinib in Adults With Advanced Solid Tumors

NCT Number: NCT05949632

Document Date: INCB 99280-201 Statistical Analysis Plan 25 JUN 2025

Statistical Analysis Plan

INCB 99280-201

A Phase 1/2 Study of INCB099280 in Combination With Axitinib in Adults With Advanced Solid Tumors

IND Number:	[redacted]
EudraCT Number:	**2022-003663-13**
EU CT Number:	**2023-510281-27-00**
Sponsor:	**Incyte Corporation** **1801 Augustine Cut-Off** **Wilmington, DE 19803** **United States**
Protocol Version:	**Protocol Amendment 1 dated 28 MAR 2024**
CRF Approval Date:	**31 OCT 2024**
SAP Version:	**Original**
SAP Author:	[redacted] [redacted] **Biostatistics**
Date of Plan:	**25 JUN 2025**

This study is being conducted in compliance with Good Clinical Practice, including the archiving of essential documents.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

Abbreviation	Term
AE	adverse event
AUC_{0-4h}	area under the steady-state plasma or serum concentration-time curve from 0 to 4 hours
AUC_{0-12h}	area under the steady-state plasma or serum concentration-time curve from 0 to 12 hours
BID	twice daily
BOR	best overall response
C_{avg}	average concentration
CI	confidence interval
CL_{ss}/F	apparent oral dose clearance at steady state
C_{max}	maximum observed concentration
$C_{max,ss}$	maximum observed concentration at steady state
CR	complete response
CRF	Case Report Form
CSR	Clinical Study Report
C_{tau}	concentration at the end of a dose interval
CTCAE	Common Terminology Criteria for Adverse Events
DCR	disease control rate
DLT	dose-limiting toxicity
DMC	Data Monitoring Committee
DNA	deoxyribonucleic acid
DOR	duration of response
ECG	electrocardiogram
ECOG	Eastern Cooperative Oncology Group
eCRF	electronic Case Report Form
FAS	Full Analysis Set
FDA	Food and Drug Administration
MedDRA	Medical Dictionary for Regulatory Activities
MTD	maximum tolerated dose
NCA	noncompartmental analysis
NCI	National Cancer Institute
NE	not evaluable
ORR	objective response rate
PD	progressive disease
PFS	progression-free survival

Abbreviation	Term
PK	pharmacokinetic(s)
PR	partial response
PT	preferred term
QTc	QT interval corrected
RDE	recommended dose for expansion
RECIST	Response Evaluation Criteria in Solid Tumors
SAP	Statistical Analysis Plan
SD	stable disease
SOC	system organ class
$t_{½}$	apparent terminal-phase disposition half-life
TEAE	treatment-emergent adverse event
t_{max}	time to maximum concentration
$t_{max,ss}$	time to maximum concentration at steady state
V_z/F	apparent oral dose volume of distribution

1. INTRODUCTION

This is a Phase 1/2, multicenter, open-label study to evaluate the safety, tolerability, antitumor activity, and PK and pharmacodynamic effects of INCB099280 in combination with axitinib in adults with previously treated advanced clear cell ovarian cancer, rare histological subtype epithelial cancer of the gynecological tract, endometrial cancer, or cervical cancer who have received at least 1 prior line of systemic chemotherapy and are not candidates for curative surgery or (chemo)radiation. This study design includes 2 parts: a dose-finding part (Part 1) followed by a dose-expansion part (Part 2). Additional details regarding the study design are provided in Section 3.

This study has been closed to enrollment based on a strategic decision by the sponsor. At this time, only 5 participants have received study treatment. Part 2 will not be opened.

The purpose of this SAP is to provide details of the statistical analyses that have been outlined in the INCB 99280-201 Protocol.

2. STUDY INFORMATION, OBJECTIVES, AND ENDPOINTS

2.1. Protocol and Case Report Form Version

This SAP is based on INCB 99280-201 Protocol Amendment 1 dated 28 MAR 2024 and CRFs approved 31 OCT 2024. Unless superseded by an amendment, this SAP will be effective for all subsequent Protocol Amendments and eCRF versions.

2.2. Study Objectives and Endpoints

Table 1 presents the study objectives and endpoints.

Table 1: Objectives and Endpoints

Objectives	Endpoints
Primary	
To evaluate the safety and tolerability of INCB099280 in combination with axitinib (Part 1).	• Occurrence of DLTs. • Incidence of TEAEs, including assessment of physical examinations, changes in vital signs and ECGs, and analysis of clinical laboratory samples. • Incidence of TEAEs leading to a dose modification (treatment interruption, dose reduction, and permanent discontinuation of either study drug).
To assess the antitumor activity of INCB099280 in combination with axitinib (Part 2).	Objective response, defined as the BOR of CR or PR by investigator assessment per RECIST v1.1.
Secondary	
To evaluate the safety and tolerability of INCB099280 in combination with axitinib (Part 2).	• Incidence of TEAEs, including assessment of physical examinations, changes in vital signs and ECGs, and analysis of clinical laboratory samples. • Incidence of TEAEs leading to a dose modification (treatment interruption, dose reduction, and permanent discontinuation of either study drug).
To assess the antitumor activity of INCB099280 in combination with axitinib.	• Objective response (Part 1), defined as the BOR of CR or PR by investigator assessment per RECIST v1.1. • Disease control, defined as the BOR of CR, PR, or SD by investigator assessment per RECIST v1.1. • DOR, defined as the time from the first CR or PR until disease progression by investigator assessment per RECIST v1.1 or death from any cause, whichever occurs earlier.

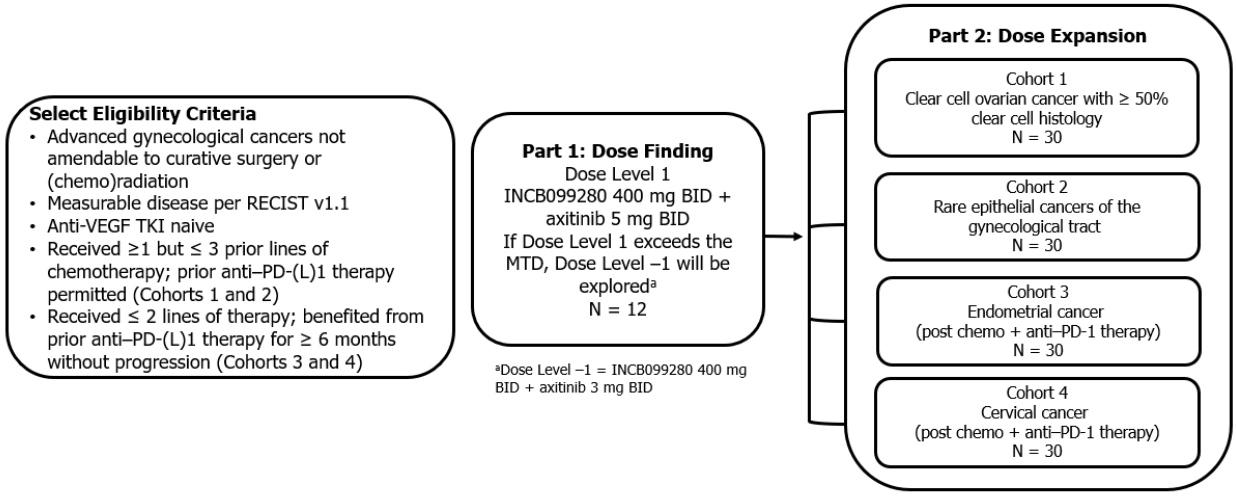
Table 1: Objectives and Endpoints (Continued)

Objectives	Endpoints
Secondary (continued)	
To characterize the PK profile of INCB099280 when administered in combination with axitinib.	• INCB099280 and axitinib plasma concentrations. • INCB099280 PK parameters by NCA methods such as C_{max}, t_{max}, $AUC_{0\text{-}4h,}$ $C_{max,ss}$, $t_{max,ss}$, $AUC_{0\text{-}12h}$, C_{avg}, C_{tau}, $t_{½}$, CL_{ss}/F, and V_z/F.
[redacted]	

3. STUDY DESIGN

This is a Phase 1/2 multicenter, open-label study to be conducted in 2 parts: a dose-finding part (Part 1) followed by a dose-expansion part (Part 2; see Figure 1). [redacted]

Figure 1: Study Design Schema



PD-(L)1 = programmed death-(ligand) 1; TKI = tyrosine kinase inhibitor; VEGF = vascular endothelial growth factor.

Adult participants meeting eligibility criteria and diagnoses defined for any disease-specific cohort may be enrolled in Part 1. During the dose-finding part of the study, up to 2 doses of axitinib administered in combination with INCB099280 will be evaluated to identify a dose for further evaluation in the dose-expansion part of the study.

The starting doses (Dose Level 1) are INCB099280 400 mg BID and axitinib 5 mg BID. Up to approximately 12 participants will be enrolled in this part of the study. Dose Level −1 (INCB099280 400 mg BID and axitinib 3 mg BID) will only be investigated if a dose de-escalation rule is met at Dose Level 1. Decisions on dose will be based on DLTs observed in participants during the first 3 weeks of treatment. Refer to Protocol Section 4.1 for further details about decision rules.

3.1. Randomization

Not applicable.

3.2. Control of Type I Error

All statistical analyses are exploratory in nature. Unless otherwise specified, all CIs provided will be at the 95% confidence level.

3.3. Sample Size Considerations

In Part 1 (dose finding) of the study, up to approximately 12 participants were planned to be enrolledINCB099280axitinib to determine the safety and tolerability of INCB099280 400 mg BID in combination with axitinib and identify the RDE.

In Part 2 (dose expansion), up to 30 participants were planned to be enrolled in each of the 4 disease cohorts to further evaluate the safety and tolerability of the combination therapy as well as to continue characterizing the PK and antitumor activity.

3.4. Schedule of Assessments

Refer to Protocol Amendment 1 dated 28 MAR 2024 for a full description of all study procedures and assessment schedules for this study.

4. DATA HANDLING DEFINITIONS AND CONVENTIONS

4.1. Scheduled Study Evaluations and Study Periods

4.1.1. Day 1

Day 1 is the date that the first dose of study drug (INCB099280 or axitinib) is administered to the participants.

4.1.2. Study Day

If a visit/reporting date is on or after Day 1, then the study day at the visit/reporting date will be calculated as

Day # = (visit/reporting date – Day 1 date + 1).

If the visit/reporting date is before Day 1, then the study day at the visit/reporting date will be calculated as

Day # = (visit/reporting date – Day 1 date).

A study day of –1 indicates 1 day before Day 1.

4.1.3. Baseline Value

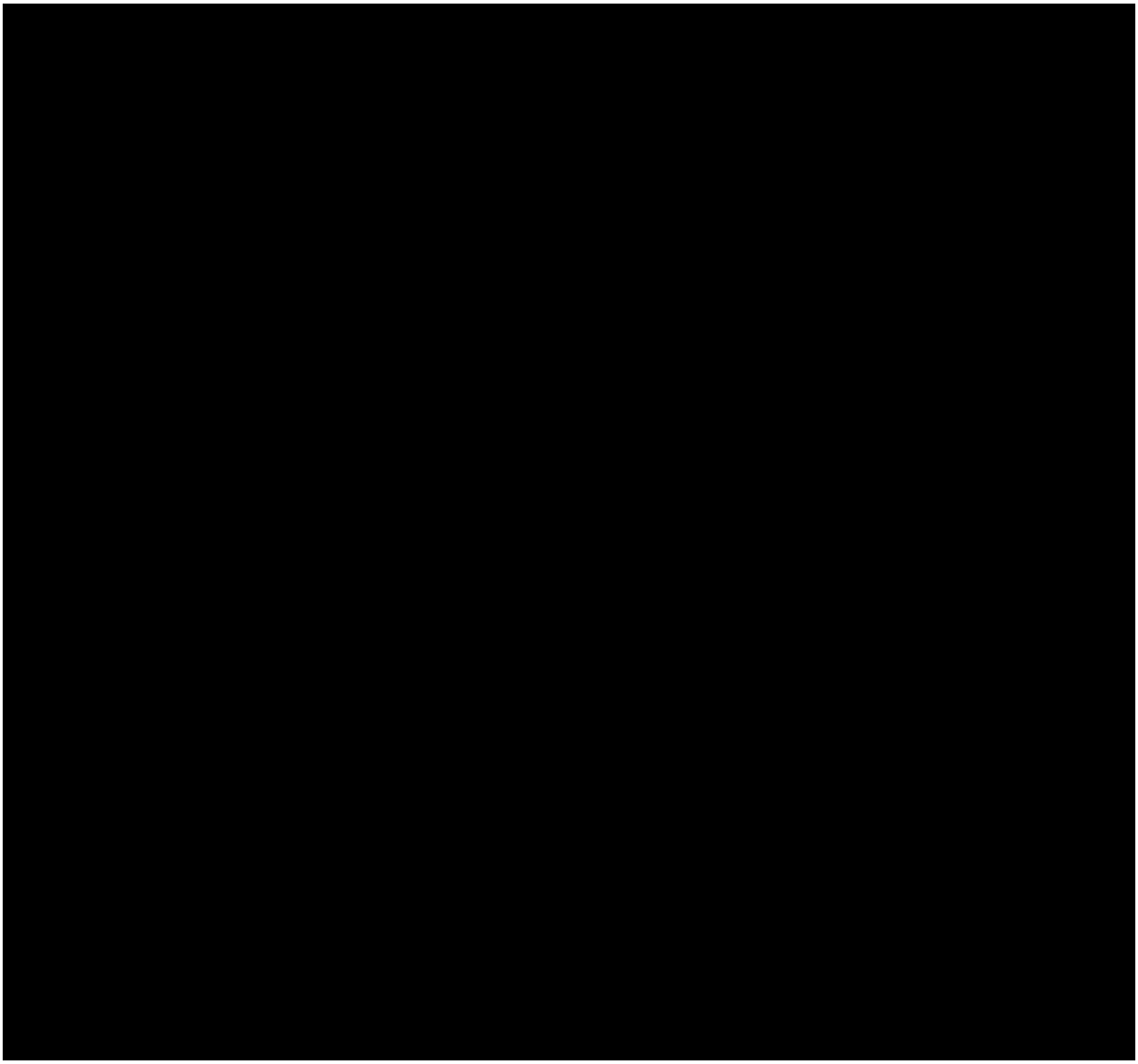
Baseline is the last nonmissing measurement obtained before the first administration of INCB099280 or axitinib, unless otherwise defined.

When scheduled assessments and unscheduled assessments occur on the same day and the time of the assessment or time of first dose is not available, use the following convention to determine baseline:

- If both a scheduled and an unscheduled visit are available on the day of the first dose and the time is missing, use the scheduled assessment as baseline.
- If all scheduled assessments are missing on the day of the first dose and an unscheduled assessment is available, use the unscheduled assessment as baseline.

4.1.4. Handling of Missing and Incomplete Dates

In general, values for missing dates will not be handled unless methods for handling missing dates are specified in this section or relevant sections. The original reported dates collected on the eCRF should be used in all relevant listings. The following rules will be used for handling partial dates for analyses requiring dates.



4.1.5. Cycle Length and Duration

INCB099280 and axitinib will be administered BID in consecutive 21-day cycles. The planned treatment duration with INCB099280 is up to 2 years.

Cycle 1 Day 1 is the day that the first dose of INCB099280 or axitinib is administered. The scheduled cycle length is 21 days. The actual Day 1 of subsequent cycles will correspond with the first day of administration of INCB099280 or axitinib in that cycle; thus, treatment cycles may become out of sync with the originally planned schedule, and the cycle length may be different from 21 days. The date of the Day 1 of subsequent cycles recorded on the eCRF will be used as the Day 1 of the subsequent cycles.

4.2. Variable Definitions

4.2.1. Body Mass Index

Body mass index will be calculated as follows:

Body mass index (kg/m^2) = [weight (kg)] / [height (m)]^2.

4.2.2. Prior and Concomitant Medication

Prior medication is defined as any nonstudy medication started before the first dose of INCB099280 or axitinib.

Concomitant medication is defined as any nonstudy medication that is started accordingly:

- Before the date of first administration of INCB099280 or axitinib and is ongoing throughout the study or ends on/after the date of first study drug administration.
- On/after the date of first administration of INCB099280 or axitinib and is ongoing or ends during the course of study.

A prior medication could also be classified as "both prior and concomitant medication" if the end date is on or after first dose of INCB099280 or axitinib. In the listing, it will be indicated whether a medication is only prior, only concomitant, or both prior and concomitant.

For the purposes of analysis, all medications will be considered concomitant medications unless the medications can unequivocally be defined as not concomitant.

5. STATISTICAL METHODOLOGY

5.1. General Methodology

Unless otherwise noted, SAS® software (SAS Institute Inc, Cary, NC; v9.4 or later) will be used for the generation of all tables, graphs, and statistical analyses. Descriptive summaries for continuous variables will include but not be limited to the number of observations, mean, standard deviation, median, minimum, and maximum. Descriptive summaries for categorical variables will include the number and percentage of participants in each category.

Interim analyses are planned for this study as defined in Section 10.

5.2. Treatment Groups

Part 1 is open-label with dose escalation to assess the safety and tolerability of INCB099280 in combination with axitinib and to identify the RDE. Safety data will be summarized overall and by dose level based on the actual treatment that participants received. Efficacy data will be summarized overall and by dose level based on the assigned treatment.

5.3. Analysis Populations

Table 2 presents the analysis populations for the primary and secondary endpoints.

Table 2: Analysis Populations for Primary and Secondary Endpoints

Endpoint	Analysis Population	Population-Level Summary Metric
DLTs	DLT-Evaluable	Proportion of participants having a DLT
TEAEs	Safety-Evaluable	Proportion of participants having a TEAE
TEAEs leading to a dose modification (treatment interruption, dose reduction, and permanent discontinuation of either study drug)		Proportion of participants having treatment interruption, dose reduction, or discontinuation of study drug due to a TEAE
INCB099280 PK parameters including C_{max}, t_{max}, $AUC_{0\text{-}4h}$, $C_{max,ss}$, $t_{max,ss}$, $AUC_{0\text{-}12h}$, C_{avg}, C_{tau}, $t_{½}$, CL_{ss}/F, and V_z/F	PK-Evaluable	• Concentration of INCB099280 in plasma • Estimated INCB099280 PK parameters using NCA methods
Objective response, defined as the BOR of CR or PR by investigator assessment per RECIST v1.1	FAS	ORR
Disease control, defined as the BOR of CR, PR, or SD by investigator assessment per RECIST v1.1		DCR
DOR, defined as the time from the first CR or PR until disease progression by investigator assessment per RECIST v1.1 or death from any cause, whichever occurs earlier		Median DOR

5.3.1. All-Screened Population

The All-Screened Population will include all participants who signed the Informed Consent Form.

5.3.2. DLT-Evaluable Population

The DLT-Evaluable Population will include all participants in Part 1 who meet one of the following criteria:

- Had a DLT during the 3-week DLT observation period (ie, Day 1 to Day 21 inclusive)
- Received at least 75% of the planned doses (ie, ≥ 32 doses) of both INCB099280 and axitinib at the level assigned during the 3-week DLT observation period (ie, Day 1 to Day 21 inclusive)

The DLT-Evaluable Population will be used for making dose decisions.

5.3.3. Full Analysis Set

The FAS will include all participants who received at least 1 dose of INCB099280 or axitinib. Participants will be analyzed according to the treatment to which they were initially assigned.

The FAS will be used for the summaries and/or listings of demographics, participant disposition, Protocol deviations, and baseline characteristics and for efficacy analyses.

5.3.4. Safety Population

The Safety Population will include all participants who received at least 1 dose of INCB099280 or axitinib. Treatment groups for this population will be determined according to the actual treatment the participant received regardless of assigned dose.

All safety analyses and the listing of exposure will be conducted using the Safety Population.

5.3.5. PK-Evaluable Population

The PK-Evaluable Population will include all participants who received at least 1 dose of INCB099280 or axitinib and provided at least 1 postbaseline sample for PK analysis.

All PK analyses will be conducted using the PK-Evaluable Population.

6. BASELINE, EXPOSURE, AND DISPOSITION

Appendix A provides a list of data displays. Sample data displays are included in a separate document.

6.1. Demographics, Baseline Characteristics, and Disease History

6.1.1. Demographics and Baseline Characteristics

The following demographics and baseline characteristics will be summarized for the FAS: age, sex, race, ethnicity, weight, height, and BMI.

6.1.2. Baseline Disease Characteristics and Disease History

The baseline ECOG performance status, cancer type, time since initial diagnosis, time since advanced/metastatic diagnosis, stage at initial diagnosis, current stage, disease histology, primary site of disease, and current site of disease will be listed for all participants in the FAS.

Time since diagnosis will be calculated as follows:

Time since diagnosis (years) = (Day 1 date – date of diagnosis + 1) / 365.25.

6.1.3. Medical History

For participants in the FAS, medical history will be listed by assigned treatment group.

6.2. Disposition of Participant

The number and percentage of participants who were treated, who were ongoing with study treatment, who discontinued study treatment with a primary reason for discontinuation, who discontinued only 1 drug component of the combination therapy with a primary reason for discontinuation, who were still in the study, who completed the study, and who withdrew from the study with a primary reason for withdrawal will be summarized for the FAS.

6.3. Protocol Deviations

Protocol deviations by importance category will be listed.

6.4. Exposure

For participants in the Safety Population, dosage changes and missed doses will be listed. Total exposure to INCB099280 and axitinib will be listed as the following:

- **Duration of treatment with INCB099280 (days)**: date of last nonzero dose of INCB099280 – date of first dose of INCB099280 + 1.
- **Duration of treatment with axitinib (days)**: date of last nonzero dose of axitinib – date of first dose of axitinib + 1.

The unit used for defining duration of treatment may be changed to week or month if needed. One month is equal to 30.4375 days.

6.5. Prior and Concomitant Medication

Prior medications and concomitant medications will be listed for the FAS.

7. EFFICACY

Appendix A provides a list of data displays. Sample data displays are included in a separate document.

7.1. General Considerations

All efficacy analyses will be conducted using the FAS unless otherwise specified. Efficacy endpoints will be summarized by dose level.

7.2. Efficacy Hypotheses

Not applicable.

7.3. Analysis of the Primary Efficacy Parameters

Not applicable for Part 1.

7.4. Analysis of the Secondary Efficacy Parameters

7.4.1. Response Criteria

Overall disease status will be categorized using RECIST v1.1 for solid tumors (Eisenhauer et al 2009). Participants will have their overall response evaluated as CR, PR, SD, PD, or NE at each postbaseline radiological assessment.

7.4.1.1. Best Overall Response

In general, under RECIST v1.1, BOR is the best response recorded postbaseline prior to and including the first PD, in the order of CR, PR, SD, PD, and NE. Responses do not need to be confirmed. In order to have a BOR of SD, the overall response must meet the SD criteria at least once after a minimum of 5 weeks (35 days) from the start of treatment.

The BOR will be determined from response assessments prior to and including the date of starting new anticancer therapy. If any alternative cancer therapy is taken while on study, any subsequent assessments will be excluded from the BOR determination (ie, the while-on-treatment strategy for handling intercurrent events).

7.4.1.2. Objective Response Rate

Objective response rate is defined as the percentage of objective responders, participants with a best overall response of CR or PR as determined by investigator assessment per RECIST v1.1. The ORR will be estimated with the exact 95% CI overall and by dose level using the Clopper-Pearson method (Clopper and Pearson 1934).

7.4.1.3. Disease Control Rate

Disease control rate is defined as the percentage of participants having a BOR of CR, PR, or SD (after a minimum of 5 weeks from the start of treatment) as determined by investigator assessment per RECIST v1.1. The DCR will be estimated with the exact 95% CI overall and by dose level using the Clopper-Pearson method (Clopper and Pearson 1934).

7.4.1.4. Duration of Response

Duration of response is defined as the time from the earliest date of CR or PR to the earliest date of PD, as determined by investigator assessment per RECIST v1.1, or death due to any cause if occurring sooner than progression. Partial dates of death and new anticancer treatment start will be handled using the rules described in Section 4.1.4. Censoring of DOR will follow the algorithm outlined in Table 3 based on FDA guidance (FDA 2015, FDA 2018).

Table 3: Evaluation and Censoring for Duration of Response

Situation	Outcome	Date of Progression or Censoring
Progression documented between scheduled response assessments	Progressed	Date of first overall response of PD
No progression	Censored	Date of last valid radiologic assessment (not NE and not missing)
Study withdrawal for undocumented progression	Censored	Date of last valid radiologic assessment (not NE and not missing)
Study withdrawal for toxicity or other reason	Censored	Date of last valid radiologic assessment (not NE and not missing)
New anticancer treatment started	Censored	Date of last valid radiologic assessment (not NE and not missing) on/before starting a new anticancer treatment
Death before first progressive response assessment	Progressed	Date of death
Death between adequate response assessments	Progressed	Date of death
Death or progression after 2 or more missed assessments	Censored	Date of last valid radiologic assessment (not NE and not missing)

The Kaplan-Meier estimate of median DOR will be presented with the 95% CI overall and by dose level. The 95% CI will be calculated using the generalization of the Brookmeyer and Crowley (1982) method with log-log transformation (Klein and Moeschberger 1997).

The summary and analysis of DOR for a particular category will be presented only if the number of responders is ≥ 5; otherwise, only a participant-level listing will be provided.

8. PHARMACOKINETICS

Due to the expected limited number of PK samples from the 5 participants in this study, a listing of all collected PK samples will be generated with concentration values presented (if assayed) or with an indication of not done (if not assayed).

9. SAFETY AND TOLERABILITY

Appendix A provides a list of data displays. Sample data displays are included in a separate document.

9.1. General Considerations

The clinical safety data (ie, TEAEs) will be summarized using descriptive statistics (eg, mean, frequency) using the Safety Population.

9.2. Adverse Events

9.2.1. Adverse Event Definitions

A TEAE is any AE, either reported for the first time or the worsening of a pre-existing event, occurring after the first dose of study drug and until 104 days after the last dose of study drug or the start of new anticancer therapy, whichever occurs first. Analysis of AEs (as discussed below) will be limited to TEAEs, but data listings will include all AEs regardless of their timing in relation to study drug administration. For the purposes of analysis, all AEs will be considered TEAEs unless the AE can unequivocally be defined as not treatment-emergent.

Adverse events will be tabulated by MedDRA PT and SOC. Severity of AEs will be graded using the NCI CTCAE v5. The CTCAE reporting guidelines and grading details are available on the Cancer Therapy Evaluation Program website.

The subset of AEs considered by the investigator to be related to either INCB099280 or axitinib will be considered to be treatment-related AEs. If the investigator does not specify the relationship of the AE to a study drug, the AE will be considered to be related to that study drug. The incidence of AEs will be tabulated.

Any missing onset date, causality, or severity must be queried for resolution. Unresolved missing causality and severity will be handled according to the following rules:

- An unresolved missing causality will be considered treatment-related.
- An unresolved missing severity will be identified as an unknown severity.

Immune-related AEs are TEAEs that are flagged as potentially immune-related by the investigator.

9.2.2. Dose-Limiting Toxicities

The participants with DLTs and the type of DLT will be listed by dose level.

9.2.3. Immune-Related Adverse Events

The participants with immune-related AEs will be listed by dose level.

9.2.4. Adverse Event Summaries

An overall summary of TEAEs by treatment group will include the following:

- Number (%) of participants who had a TEAE
- Number (%) of participants who had a serious TEAE
- Number (%) of participants who had a Grade 3 or higher TEAE
- Number (%) of participants who had a treatment-related TEAE
  - Number (%) of participants who had a TEAE related to INCB099280
  - Number (%) of participants who had a TEAE related to axitinib
- Number (%) of participants who had a Grade 3 or higher treatment-related TEAE
  - Number (%) of participants who had a Grade 3 or higher TEAE related to INCB099280
  - Number (%) of participants who had a Grade 3 or higher TEAE related to axitinib
- Number (%) of participants who had a fatal TEAE
- Number (%) of participants who had a TEAE leading to dose interruption of INCB099280
- Number (%) of participants who had a TEAE leading to discontinuation of INCB099280
- Number (%) of participants who had a TEAE leading to dose interruption of axitinib
- Number (%) of participants who had a TEAE leading to dose reduction of axitinib
- Number (%) of participants who had a TEAE leading to discontinuation of axitinib

The following summaries will be produced by MedDRA term (if 10 or fewer participants appear in a table, a listing may be appropriate):

- Summary of TEAEs by MedDRA SOC and PT
- Summary of TEAEs by MedDRA PT in decreasing order of frequency

9.3. Clinical Laboratory Tests

Laboratory values and change from baseline values will be listed by visit for hematology, chemistry, and endocrine function. Baseline will be determined according to Section 4.1.3. If there are multiple values that meet the criteria for baseline, additional rules may be provided after consultation with the medical monitor to delineate which value will be defined as baseline.

Laboratory test values will be assessed for severity based on the numerical component of CTCAE v5.

Any laboratory test results and associated normal ranges from local laboratories will be converted to SI units. For the limited number of cases for which the associated normal ranges from a local laboratory cannot be obtained despite due diligence, a set of standard normal ranges based on documented reference ranges will be applied to facilitate reporting the test results.

9.4. Vital Signs

Values at each scheduled visit, change, and percentage change from baseline for vital signs, including systolic blood pressure, diastolic blood pressure, pulse, temperature, respiratory rate, and weight will be listed.

9.5. Electrocardiograms

Twelve-lead ECGs including PR, QT, QRS, and QTc intervals will be obtained for each participant at different study visits and timepoints during the study. Values at each scheduled visit and timepoint, change, and percentage change from baseline will be listed. If there are multiple values recorded for a parameter at the same visit timepoint (eg, triplicate ECG), the average will be used that visit timepoint. Baseline will be determined as the average of all nonmissing values including unscheduled before the first administration of INCB099280 or axitinib.

10. INTERIM ANALYSES

In Part 1, dose decisions from the hybrid design will be based on the current available data. After a DLT observation period for each dose-level cohort in the dose-finding period, the next dose level will be chosen depending on the observed accumulated data.

11. CHANGES AND MODIFICATIONS TO THE ANALYSIS PLAN

All versions of the SAP are listed in Table 4.

Table 4: Statistical Analysis Plan Versions

SAP Version	Date
Original	25 JUN 2025

11.1. Changes to Protocol-Defined Analyses

[redacted]

11.2. Changes to the Statistical Analysis Plan

Not applicable.

12. REFERENCES

Brookmeyer R, Crowley J. A confidence interval for the median survival time. Biometrics 1982;38:29-41.

Clopper CJ, Pearson ES. The use of confidence or fiducial limits illustrated in the case of the binomial. Biometrika 1934;26:404-413.

Eisenhauer EA, Therasse P, Bogaerts J, et al. New response evaluation criteria in solid tumors: revised RECIST guideline (version 1.1). Eur J Cancer 2009;45:228-247.

Food and Drug Administration. Guidance for Industry: Clinical Trial Endpoints for the Approval of Non-Small Cell Lung Cancer Drugs and Biologics. 2015.

Food and Drug Administration. Guidance for Industry: Clinical Trial Endpoints for the Approval of Cancer Drugs and Biologics. 2018.

Klein JP, Moeschberger ML. Survival Analysis: Techniques for Censored and Truncated Data. Springer-Verlag; 1997.

APPENDIX A. PLANNED TABLES AND LISTINGS