

**KURZPROTOKOLL**  
**MS200647-0047**

<b>Öffentlicher Titel</b>	Phase II Studie zu M7824 als Zweitlinientherapie bei metastasiertem Gallenwegskrebs
<b>Wissenschaftl. Titel</b>	A Phase II, Multicenter, Open-label Study to Investigate the Clinical Efficacy of M7824 Monotherapy in Participants With Locally Advanced or Metastatic Biliary Tract Cancer Who Fail or are Intolerant to First-line Platinum-Based Chemotherapy
<b>Kurztitel</b>	MS200647-0047
<b>Studienart</b>	multizentrisch, prospektiv, Therapiestudie, offen/unverblindet, einarmig, Pharma-Studie
<b>Studienphase</b>	Phase II
<b>Erkrankung</b>	Verdauung: Gallengangs-/Gallenblasenkrebs (maligne biliäre Tumoren): Zweitlinie oder höher
<b>Einschlusskriterien</b>	<ul style="list-style-type: none"><li>- Are participants with histologically or cytologically confirmed locally advanced or metastatic BTC.</li><li>- Availability of tumor (primary or metastatic) archival material or fresh biopsies (collected within 28 days before first administration) of study intervention is mandatory</li><li>- Participants with BTC must have failed or be intolerant to 1L systemic platinum-based chemotherapy</li><li>- Disease must be measurable with at least 1 unidimensionally measurable lesion by RECIST 1.1</li><li>- Eastern Cooperative Oncology Group (ECOG) PS of 0 to 1</li><li>- Life expectancy <math>\geq 12</math> weeks as judged by the Investigator</li><li>- Adequate hematological function defined by white blood cell (WBC) count <math>\geq 3 * 10^9</math>/Litre with absolute neutrophil count (ANC) <math>\geq 1.5 * 10^9</math>/Litre, lymphocyte count <math>\geq 0.5 * 10^9</math>/Litre, platelet count <math>\geq 75 * 10^9</math>/Litre, and hemoglobin (Hgb) <math>\geq 9</math> grams/decilitre</li><li>- Adequate hepatic function defined by a total bilirubin level <math>\leq 1.5 * \text{upper limit of normal (ULN)}</math>, an aspartate aminotransferase (AST) level <math>\leq 2.5 * \text{ULN}</math>, and an alanine aminotransferase (ALT) level <math>\leq 2.5 * \text{ULN}</math>. For participants with liver involvement in their tumor, AST <math>\leq 5.0 * \text{ULN}</math> and ALT <math>\leq 5.0 * \text{ULN}</math> is acceptable</li><li>- Adequate coagulation function defined as prothrombin time (PT) or international normalized ratio (INR) <math>\leq 1.5 * \text{ULN}</math> unless the participant is receiving anticoagulant therapy</li><li>- Albumin <math>\geq 3.0</math> grams/decilitre</li><li>- Hepatitis B virus (HBV) deoxyribonucleic acid (DNA) positive participants must be treated and on a stable dose of antivirals</li><li>- Adequate renal function defined by either creatinine <math>\leq 1.5 * \text{ULN}</math> or an estimated creatinine clearance (CCr) <math>&gt; 40</math> milliliter (mL) per minute (min) according to the Cockcroft-Gault formula or by measure of CCr from 24-hour urine collection</li><li>- Other protocol defined inclusion criteria could apply</li></ul>
<b>Ausschlusskriterien</b>	<ul style="list-style-type: none"><li>- Ampullary cancer is excluded</li><li>- Significant acute or chronic infections</li><li>- Active autoimmune disease that might deteriorate when receiving an immunostimulatory agent</li><li>- Interstitial lung disease or its history</li><li>- Participants who are not eligible for or have not been treated with 1L systemic chemotherapy</li><li>- Anticancer treatment within 21 days before the start of study intervention</li><li>- Concurrent treatment with nonpermitted drugs</li><li>- Prior participation in a M7824 clinical trial</li></ul>

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- Prior therapy with other immunotherapy or checkpoint inhibitors, such as anti-PD 1, anti PD L1, anti- cytotoxic T-cell lymphocyte-4 (CTLA-4) antibodies.
- Pregnancy or breast feeding
- Other protocol defined exclusion criteria could apply

**Alter**

18 Jahre und älter

**Prüfzentren**

**Universitätsklinikum Frankfurt** (Geschlossen)  
Medizinische Klinik I, Gastroenterologie/Hepatology  
Theodor-Stern-Kai 7  
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**Registrierung in anderen  
Studienregistern**

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