Investigator-Initiated Research: Areas of Interest

Updated June 2018

Oncology

Qualified researchers are invited to submit investigator-initiated research (IIR) proposals, according to the guidance and instructions found on the Pfizer IIR portal at www.Pfizer.com/IIR. All proposals must be submitted via the IIR submission portal at: https://iirsubmission.pfizer.com. An IIR proposal requesting Pfizer support (e.g., funding and/or drug supply) is not a guarantee of acceptance or approval of that proposal. Decisions on support for IIR submissions are made by the applicable Pfizer Global Review Committee. A formal notification regarding the status of your application will be sent once a decision is reached. Pfizer support will only be extended upon the execution of an IIR agreement. For any questions, please send an email to IIR@pfizer.com.

Oncology compounds are listed below alphabetically. For each compound, the areas of interest are listed in order of medical and scientific unmet need.

avelumab

Merck KGaA, Darmstadt, Germany, and Pfizer Inc formed a strategic alliance to develop and commercialize Merck KGaA's anti-PD-L1 asset known as avelumab. Please see separate document available on www.Pfizer.com/IIR for alliance-specific information in including tumor types of interest and quarterly application deadlines. Both companies are accepting proposals for specific areas of interest.

Proposals for interventional, non-interventional, mechanistic, basic science, outcomes, epidemiology, and other studies relevant to malignancies of interest for avelumab, including supportive care may be considered for support.

Please note: Any proposal involving combination with another Pfizer asset should be submitted via the Pfizer portal and any proposal involving combination with another Merck KGaA asset should be submitted via its company portals (www.ist.emdserono.com for U.S. & Canada, and www.iss.merckbiopharma.com for all other countries.)

axitinib

- Metastatic Renal Cell Carcinoma (mRCC) 1L treatment
  - 1L immunotherapy (IO) combinations
- mRCC Second-Line (2L) treatment
  - axitinib dose individualization
  - Duration of treatment (DoT), treatment (tx) beyond progression, Re-challenge
  - Long term responders, complete responders
  - Adverse event (AE) management that impacts practice
  - New combinations in 2L+
  - axitinib re-challenge post Immunotherapy (IO)+ axitinib combinations
- mRCC / IO
  - Post IO efficacy/ safety

    - Sequence (single agent and combinations)
    - IO combinations (all lines)
    - IO-combination mechanistic data (pre-clinical or clinical)
- mRCC biomarkers/TR
    - Immuno-modulatory properties
    - Effect on tumor micro-environment
- Gastrointestinal Stromal Tumors (GIST): Combinations, Biomarkers
- Pancreatic Neuroendocrine Tumors (pNET): Well-differentiated G3 tumors, Sequences, Biomarkers

bosutinib

- Chronic Myeloid Leukemia (CML)
    - Dose optimization
    - Mechanisms of toxicity
    - Biomarkers of efficacy/toxicity
    - Safety/Efficacy in Real world populations
    - Special populations
    - Treatment-free remission (TFR)
    - Sequencing/Switch with other TKIs
- Sequence/Combine with novel agents
    - Immunotherapy
    - Pfizer pipeline

crizotinib

- Sequencing ALK-inhibitors: collecting long term data for crizotinib-led sequence
- Expanding the dataset for cMET exon 14 advanced Non-Small Cell Lung Cancer (NSCLC)
- Establishing and validating CMET exon 14 testing method
- Defining ALK and ROS resistance patterns in NSCLC
- ROS-1+ve NSCLC: collecting long term outcomes from Real World Data (RWD)
- cMET amplified advanced NSCLC
- Collecting long term data for outcomes in Inflammatory Myofibroblastic Tumor (IMT)
- Other ALK, ROS1 and MET+ tumors based on emerging science and lifecycle
- Establishing and validating ROS1 testing methods

Out of Scope: establishing and validating new ALK testing methods, adjuvant NSCLC, Anaplastic Large Cell Lymphoma (ALCL), pediatric studies, immunotherapy combinations

dacomitinib

- Central Nervous System (CNS) outcomes in 1L EGFR+
- NSCLC for patients with and without brain metastases
    - Understanding dacomitinib resistance in particular the emergence rates of T790M
    - Documenting the outcomes of T790M patients treated with osimertinib post dacomitinib
    - Validating therapy management techniques to maximize dacomitinib benefit
- Exploring the potential of dacomitinib post- osimertinib progression

Out of Scope: Unselected NSCLC, HER-2 NSCLC, post-EGFR TKI use, immunotherapy combinations, establishing and validating new EGFR testing methods, other EGFR or HER2 driven tumors

enzalutamide

Astellas and Pfizer jointly develop enzalutamide and jointly commercialize it in the United States. IIR proposals are currently accepted from the United States only through the Astellas portal at www.globalisrportal.force.com. Questions regarding the Astellas process may be sent to AstellasInvestigatorSponsoredResearch-info@Astellas.com

Prostate Cancer

- Combinations with established and novel agents
- Early stages of prostate cancer
- Biomarkers to inform response, resistance and treatment decisions
- Understanding mechanisms of AR inhibitor action and resistance

Out of Scope: All tumor types other than prostate cancer

gedatolisib

- ER+ HER2- Metastatic Breast Cancer (MBC)
- Neo-adjuvant HER2+ breast cancer—early stage/local adjuvant combinations with targeted/chemotherapy
- Neo-adjuvant or window studies in immunotherapy (IO) combinations
- Combinations with PARP inhibitors
- Combination with antibody-drug conjugates (ADC)

gemtuzumab ozogamicin

- Explore optimal dosing regimens and further evaluation of fractionated regimen
- AE management
- Registry data/RWD to evaluate efficacy and safety outcomes
- Activity of GO in specific sub-populations (e.g. NPM1, FLT-3, CBF)
- Efficacy in R/R AML as combination therapy
- Combinations including: smoothened inhibitors, immunotherapy, FLT-3 inhibitors, IDH1/2 inhibitors, bcl-2 inhibitors, liposomal chemotherapy, HDAC inhibitors
- Use in the setting of minimal residual disease
- Acute promyelocytic leukemia
- Hematopoietic Stem Cell Transplantation (HSCT)

glasdegib

- Translational research correlating outcomes to stem cell biology with focus on mechanisms of resistance and biomarkers of response in haematological and solid tumors
- Combination therapy approaches in AML with novel molecules
- Use in the setting of minimal residual disease
- Use in the setting of maintenance therapy
- Evaluation in the setting of autologous or allogeneic haematopoietic stem cell transplant

Out of scope: Any pediatric proposals with glasdegib

inotuzumab ozogamicin

- Relapsed/refractory (R/R) Acute Lymphoblastic Leukemia (ALL)
    - Dose Optimization
    - Therapy management including VOD
    - Combination approaches
    - Real world data studies/Registry data/Data mining
    - Cost data/budget impact
    - Mechanisms of resistance
- 1L ALL
- Minimal residual disease – positive (MRD +) ALL
- ALL in Pediatrics/Adolescents and Young Adults (AYA)
- Maintenance therapy in ALL
- Post HSCT in ALL
- Sequence/Combine with novel agents
    - Immunotherapy
    - Pfizer pipeline
- Non-Hodgkin Lymphoma (NHL) in combination/sequence with novel agents
- Tumour agnostic targeting of CD22 -

lorlatinib

- Expand the understanding of lorlatinib use in advanced ALK+ NSCLC focusing use post-2nd generation ALK TKIs including activity in specific mutation types
- Defining efficacy in CNS using endpoints not currently being studied (for example RANO criteria)
- Validating therapy management techniques
- Sequencing ALK-inhibitors: Collecting data on clinical outcomes and resistance patterns
- ROS-1+ NSCLC including data post non-crizotinib ROS TKIs and ROS resistance patterns
- Rational combination with other agents to treat or prevent development of lorlatinib-resistance
- Other ROS1 or ALK+ tumors
- Establishing and validating new blood-based ALK testing method

Out of Scope: Adjuvant NSCLC, studies exploring immunotherapy combinations, Pediatric studies until dose finding is complete, establishing and validating new tissue-based ALK testing methods, ALK+ ALCL.

palbociclib

Breast Cancer

- Treatment sequencing in HR+ Metastatic Breast Cancer (MBC) and other subgroups
- Special populations including safety and efficacy
- Studies that utilize Real World Data (RWD)
- Studies that utilize Patient Reported Outcomes (PRO)
- Differentiation among CDK 4/6 inhibitors

Out of scope: all other tumor types beyond breast cancer

sunitinib

- Renal Cell Carcinoma (RCC) adjuvant
    - Data on epidemiology and patient selection (TNM, UISS, other)
    - safety and efficacy data from clinical practice
    - Outcomes in first-line (1L) after adjuvant SUT / TKI
    - Treatment sequence post adjuvant sunitinib (IO vs. IO+IO vs. IO+TKI vs. TKI)
    - Dose individualization strategies to manage toxicities
    - Other histologies (sarcomatoid)
- Metastatic Renal Cell Carcinoma (mRCC) first-line (1L)
    - Alternative schedule / treatment individualization
    - Treatment beyond progression, Re-challenge
    - Adverse Event (AE) management that impacts practice
    - Long term responders, complete responders
    - activity in intermediate/poor risk populations
    - patient selection strategies
- mRCC / IO / TKI
    - Efficacy/safety for Sequence (Pre/post IO) or combinations with IO (any line)
- mRCC biomarkers/TR
    - Immuno-modulatory properties
    - Effect on tumor micro-environment
    - Epigenetics
- Gastrointestinal Stromal Tumors (GIST): Combinations, Biomarkers
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talazoparib

- Use in gBRCAm or other DNA Damage Response (DDR) deficient tumors (as single agent or combination) including detection and patient selection
- Combination with radiation therapy (XRT) in appropriate tumors
- Combinations with DNA damaging agents or targeted therapies
- Strategies to overcome mechanism of resistance
- Preclinical work to support talazoparib in multiple tumor types
- Single agent in gBRCAm Metastatic Breast Cancer (MBC)

utomilumab

- Combinations in Hodgkin lymphoma, multiple myeloma and other leukemias and lymphomas
- Sequencing of combination components (IO/IO, IO/targeted or conventional therapy)
- Combination or sequence with therapy that may increase neo-antigens, or in settings of high mutational load
- Pre-clinical: querying immune cell function via novel knock-outs, i.e., MDSC or other component
- Myelofibrosis
- Combinations in Chronic Lymphocytic Leukemia (CLL) with chemokine receptor molecules, rituximab/IO
- Combinations with CTLA4