NOVARTIS

Clinical Trial Results Website

Sponsor

Novartis Pharmaceuticals

Generic Drug Name

Pazopanib

Trial Indication(s)

Locally Advanced and/or Metastatic Renal Cell Carcinoma

Protocol Number

108844 / CPZP034A2301

Protocol Title

Study VEG108844, A study of Pazopanib versus Sunitinib in the Treatment of Subjects with Locally Advanced and/or Metastatic Renal Cell Carcinoma

Clinical Trial Phase

Phase 3

Phase of Drug Development

Phase III

Study Start/End Dates

Study Start Date: August 14, 2008 (Actual)
Primary Completion Date: May 21, 2012 (Actual)
Study Completion Date: March 24, 2021 (Actual)

Reason for Termination (If applicable)

Study Design/Methodology

This was a randomized, open-label, parallel group Phase III non-inferiority study to evaluate the efficacy and safety of Pazopanib compared with Sunitinib in subjects with advanced renal cell carcinoma (RCC) who had not received prior systemic therapy for advanced or metastatic RCC. The subjects were centrally randomized in 1:1 ratio to receive open label study medication of either Pazopanib 800 mg or Sunitinib 50 mg.

Approximately 876 eligible subjects (approximately 438 per treatment arm) were planned to be enrolled over the course of the study. However, due to higher-than-expected withdrawal rates and discordance rates between independent review committee (IRC) and investigator assessments of progression, the protocol was amended (Protocol Amendment 4) to increase the number of subjects to approximately 1100 total by including all subjects enrolled in CPZP034A2301 (hereafter referred as Study A2301) and CPZP034A2201 (a sub study of CPZP034A2301, hereafter referred as Study A2201 with NCT01147822).

Centers

210 sites in 14 countries in Europe (Germany, Ireland, Italy, The Netherlands, Spain, Sweden, and the United Kingdom), Asia (China, Japan, Korea, and Taiwan), North America (Canada and United States of America) and Australia

This is a legacy GlaxoSmithKline (GSK) study and the primary CSR was completed by GSK prior to the study sponsorship handover. The full investigators lists and other appendices were not transferred over during the change in sponsorship from GSK to Novartis and therefore, the team could not confirm or quality control the investigator sites list.

Objectives:

Primary Objective: To compare progression-free survival of subjects treated with Pazopanib to those treated with Sunitinib.

Secondary Objectives:

- To compare the overall survival (OS), objective response rate, time to response, and duration of response of subjects treated with Pazopanib to those treated with Sunitinib.

- To evaluate and compare safety, health-related quality of life, symptom burden and medical resource utilization in renal cell carcinoma of subjects treated with Pazopanib to those treated with Sunitinib.

Test Product (s), Dose(s), and Mode(s) of Administration

Investigational treatment was Pazopanib 800 mg (2 x 400 mg tablets or 4 x 200 mg tablets) or Sunitinib 50 mg capsules:

- Pazopanib was administered orally once daily (continuously) at least 1 hour before or at least 2 hours after a meal.
- Sunitinib was administered in 6-week cycles orally once daily with or without food, for 4 weeks of treatment followed by 2 weeks without treatment. Sunitinib was sourced commercially.

Statistical Methods

Summary descriptive statistics were reported. No formal inferential analysis was performed.

Data from all participating centers from Study A2301 and Study A2201 were pooled prior to analysis. Unless otherwise stated, all listings were sorted by treatment group, investigator number, subject number and visit. Unless otherwise stated, continuous variables were summarized with the statistics mean, median, standard deviation, minimum and maximum, and categorical variables were summarized with frequency counts and percentages.

Study Population: Key Inclusion/Exclusion Criteria

Inclusion Criteria:
- Written informed consent
- Diagnosis of renal cell carcinoma with clear-cell component histology.
- Received no prior systemic therapy (interleukin-2, interferon-alpha, chemotherapy, bevacizumab, mTOR inhibitor, sunitinib, sorafenib or other VEGF TKI) for advanced or metastatic RCC
- Locally advanced or metastatic renal cell carcinoma
- Measurable disease by CT or MRI
- Karnofsky performance scale status of >=70
- Age >=18 years
- A female is eligible to enter and participate in this study if she is of: non-childbearing or agrees to use adequate contraception.
- Adequate organ system function
- Total serum calcium concentration <12.0mg/dL
- Left ventricular ejection fraction >= lower limit of institutional normal.

Exclusion Criteria:
- Pregnant or lactating female (unless agrees to refrain from nursing throughout the treatment period and for 14 days following the last dose of study)
-History of another malignancy (unless have been disease-free for 3 years)
- History or clinical evidence of central nervous system (CNS) metastases (unless have previously-treated CNS metastases and meet all 3 of the following criteria are: are asymptomatic, have had no evidence of active CNS metastases for >=6 months prior to enrolment, and have no requirement for steroids or enzyme-inducing anticonvulsants)
- Clinically significant gastrointestinal abnormalities including, but not limited to: malabsorption syndrome, major resection of the stomach or small bowel that could affect the absorption of study drug, active peptic ulcer disease, known intraluminal metastatic lesion/s with suspected bleeding, Inflammatory bowel disease, ulcerative colitis, or other gastrointestinal conditions with increased risk of perforation, history of abdominal fistula, gastrointestinal perforation, or intra abdominal abscess within 28 days prior to beginning study treatment.
- Presence of uncontrolled infection.
- Prolongation of corrected QT interval (QTc) > 480 milliseconds
- History of any one or more of the following cardiovascular conditions within the past 12 months: cardiac angioplasty or stenting, myocardial infarction, unstable angina, coronary artery by-pass graft surgery, symptomatic peripheral vascular disease, Class III or IV congestive heart failure, as defined by the New York Heart Association
- History of cerebrovascular accident including transient ischemic attack within the past 12 months
- History of pulmonary embolism or untreated deep venous thrombosis (DVT) within the past 6 months (unless had recent DVT and have been treated with therapeutic anti-coagulating agents for at least 6 weeks)
- Poorly controlled hypertension (defined as systolic blood pressure of >=150mmHg or diastolic blood pressure of >=90mmHg). Initiation or adjustment of antihypertensive medication(s) is permitted prior to study entry
- Prior major surgery or trauma within 28 days prior to first dose of study drug and/or presence of any non-healing wound, fracture, or ulcer.
- Evidence of active bleeding or bleeding susceptibility
- Spitting/coughing up blood within 6 weeks of first dose of study drug
- Known endobronchial lesions and/or lesions infiltrating major pulmonary vessels
- Any serious and/or unstable pre-existing medical, psychiatric, or other conditions that could interfere with patient's safety, obtaining informed consent or compliance to the study.
- Use any prohibited medications within 14 days of the first dose of study medication.
- Use of an investigational agent, including an investigational anti-cancer agent, within 28 days or 5 half-lives, whichever is longer, prior to the first dose of study drug.
- Prior use of an investigational or licensed drug that targets VEGF or VEGF receptors (eg. bevacizumab, sunitinib, sorafenib, etc), or

are mTOR inhibitors (eg. temsirolimus, everolimus, etc).
- Is now undergoing and/or has undergone in the 14 days immediately prior to first dose of study drug, any cancer therapy (surgery, tumor embolization, chemotherapy, radiation therapy, immunotherapy, biological therapy, or hormonal therapy)
- Any ongoing toxicity from prior anti-cancer therapy that is >Grade 1 and/or that is progressing in severity.
- Known immediate or delayed hypersensitivity reaction or idiosyncrasy to drugs chemically related to pazopanib or sunitinib.

Participant Flow Table

Overall Study

	Pazopanib 800 mg	Sunitinib 50 mg	Total
Arm/Group Description	Participants were administered pazopanib 800 milligrams (mg) (2 x 400 mg tablets) orally once daily (OD) continuously. Pazopanib was to be taken at least one hour before or at least two hours after a meal. Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.	Participants were administered sunitinib 50 mg orally once daily in 6-week cycles (4 weeks of treatment, followed by 2 weeks without treatment). Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.	
Started	557	553	1110
Safety Population	554	548	1102
Completed	485	481	966
Not Completed	72	72	144
Protocol Violation	1	2	3
Transitioned to another mechanism of continuing pazopanib or sunitinib therapy after 30SEP2013	8	7	15
Lost to Follow-up	20	15	35
Physician Decision	14	12	26
Withdrawal by Subject	29	36	65

Baseline Characteristics

	Pazopanib 800 mg	Sunitinib 50 mg	Total
Arm/Group Description	Participants were administered pazopanib 800 mg (2 x 400 mg tablets) orally OD continuously. Pazopanib was to be taken at least one hour before or at least two hours after a meal. Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.	Participants were administered sunitinib 50 mg orally once daily in 6-week cycles (4 weeks of treatment, followed by 2 weeks without treatment). Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.	
Number of Participants [units: participants]	557	553	1110
Baseline Analysis Population Description			
AgeContinuous (units: Years) Analysis Population Type: Participants Mean ± Standard Deviation			
	60.9±10.89	61.2±10.98	61.1±10.93
GenderNIH (units:) Analysis Population Type: Participants Count of Participants (Not Applicable)			
Female	159	138	297
Male	398	415	813

Race/Ethnicity, Customized
(units: Participants)
Analysis Population Type: Participants

White	349	358	707
Asian	194	188	382
African American/African Heritage	10	5	15
American Indian or Alaska Native	3	0	3
American Indian or Alaska Native & White	0	1	1
Unknown	1	1	2

Primary Outcome Result(s)

Progression-free Survival (PFS)

Description	PFS was defined as the interval between the date of randomization and the earliest date of progressive disease (PD), as defined by the Independent Review Committee (IRC), or death due to any cause. The IRC defined PD per Response Evaluation Criteria in Solid Tumors (RECIST), Version 1. Per RECIST, PD is defined as a >=20% increase in the sum of the longest diameter of target lesions, taking as reference the smallest sum longest diameter recorded since the treatment started or the appearance of >=1 new lesion.
Time Frame	From randomization until the earliest date of disease progression or date of death from any cause, assessed up to approximately 39 months
Analysis Population Description	Intent-to-Treat (ITT) Population. Analysis was based on the assigned randomized treatment, not on the actual treatment received/not received. Participants who had neither progressed nor died were censored at the date of the last adequate tumor assessment at the time of the cut-off.

	Pazopanib 800 mg	Sunitinib 50 mg
Arm/Group Description	Participants were administered pazopanib 800 mg (2 x 400 mg tablets) orally OD continuously. Pazopanib was to be taken at least one hour before or at least two hours after a meal. Participants received study treatment until disease	Participants were administered sunitinib 50 mg orally once daily in 6-week cycles (4 weeks of treatment, followed by 2 weeks without treatment). Participants received study treatment until disease progression, death, unacceptable

	progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.	toxicity, or withdrawal of consent for any other reasons.
Number of Participants Analyzed [units: participants]	557	553
Progression-free Survival (PFS) (units: Months)	**Median (95% Confidence Interval)**	**Median (95% Confidence Interval)**
	8.4 (8.3 to 10.9)	9.5 (8.3 to 11.1)

Statistical Analysis

Groups	Pazopanib 800 mg, Sunitinib 50 mg	
Type of Statistical Test	Yes	
Non-Inferiority/Equivalence Test	Non-inferiority is defined as excluding a difference of greater than 25% in the hazards. The upper limit of the 95% confidence interval must be <1.25.	
Hazard Ratio (HR)	1.0466	The HR is estimated by the Cox regression model using treatment stratification factors as covariates. The HR is adjusted for Karnofsky Performance Scale scores, prior nephrectomy, and Baseline levels of lactate dehydrogenase (<=1.5xULN, >1.5xULN).
95 % Confidence Interval 2-Sided	0.8982 to 1.2195	

Secondary Outcome Result(s)

Overall Survival

Description Overall survival was defined as the time from randomization until death due to any cause.

Time Frame	From randomization until date of death from any cause, assessed up to approximately 62 months
Analysis Population Description	Intent-to-Treat (ITT) Population. Analysis was based on the assigned randomized treatment, not on the actual treatment received/not received. Participants who had not died were censored at the date of the last adequate tumor assessment at the time of the cut-off.

	Pazopanib 800 mg	**Sunitinib 50 mg**
Arm/Group Description	Participants were administered pazopanib 800 mg (2 x 400 mg tablets) orally OD continuously. Pazopanib was to be taken at least one hour before or at least two hours after a meal. Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.	Participants were administered sunitinib 50 mg orally once daily in 6-week cycles (4 weeks of treatment, followed by 2 weeks without treatment). Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.
Number of Participants Analyzed [units: participants]	557	553
Overall Survival (units: Months)	**Median (95% Confidence Interval)**	**Median (95% Confidence Interval)**
	28.3 (26.0 to 35.5)	29.1 (25.4 to 33.1)

Overall Response Rate (ORR) as assessed by independent review

Description	The number of participants with evidence of Complete Response (CR) (the disappearance of all target and non-target lesions), Partial Response (PR) (at least a 30% decrease in the sum of the longest diameters [LD] of target lesions, taking as a reference the Baseline sum LD), Stable Disease (small changes that do not meet previously given criteria, taking as reference the smallest sum LD since the treatment started), or Progressive Disease (a >=20% increase in the sum of the LD of target lesions, taking as a reference the smallest sum LD recorded since the treatment started) was evaluated by an independent review per RECIST, Version 1.
Time Frame	From randomization until date of radiographic progression or date of death from any cause, whichever comes first, assessed up to approximately 39 months
Analysis Population Description	Intent-to-Treat (ITT) Population. Analysis was based on the assigned randomized treatment, not on the actual treatment received/not received.

	Pazopanib 800 mg	Sunitinib 50 mg
Arm/Group Description	Participants were administered pazopanib 800 mg (2 x 400 mg tablets) orally OD continuously. Pazopanib was to be taken at least one hour before or at least two hours after a meal. Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.	Participants were administered sunitinib 50 mg orally once daily in 6-week cycles (4 weeks of treatment, followed by 2 weeks without treatment). Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.
Number of Participants Analyzed [units: participants]	557	553
Overall Response Rate (ORR) as assessed by independent review (units: Participants)	**Count of Participants (Not Applicable)**	**Count of Participants (Not Applicable)**
Complete Response	1 (.18%)	3 (.54%)
Partial Response	170 (30.52%)	134 (24.23%)
Stable Disease	216 (38.78%)	242 (43.76%)
Progressive Disease	97 (17.41%)	105 (18.99%)
Unknown	73 (13.11%)	69 (12.48%)

Time to Response

Description	Time to response was defined as the time from the start of treatment until the first documented evidence of CR (the disappearance of all target and non-target lesions) or PR (at least a 30% decrease in the sum of the LD of target lesions, taking as a reference the Baseline sum LD), whichever comes first. CR and PR were evaluated by an independent review per RECIST, Version 1.
Time Frame	From randomization until date of radiographic progression or date of death from any cause, whichever comes first, assessed up to approximately 39 months

Analysis Population Description	Intent-to-Treat (ITT) Population. Analysis was based on the assigned randomized treatment, not on the actual treatment received/not received. Only those participants who experienced either a confirmed CR or a PR were analyzed.

	Pazopanib 800 mg	**Sunitinib 50 mg**
Arm/Group Description	Participants were administered pazopanib 800 mg (2 x 400 mg tablets) orally OD continuously. Pazopanib was to be taken at least one hour before or at least two hours after a meal. Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.	Participants were administered sunitinib 50 mg orally once daily in 6-week cycles (4 weeks of treatment, followed by 2 weeks without treatment). Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.
Number of Participants Analyzed [units: participants]	171	137
Time to Response (units: Weeks)	**Median (95% Confidence Interval)**	**Median (95% Confidence Interval)**
	11.9 (11.3 to 12.1)	17.4 (12.7 to 18.0)

Duration of Response (DOR)

Description	DOR was defined as the time from the first documented evidence of response (CR or PR) until the first documented sign of disease progression (a >=20% increase in the sum of the longest diameter of target lesions, taking as reference the smallest sum longest diameter recorded since the treatment started or the appearance of >=1 new lesion) or death, if sooner. CR=the disappearance of all target and non-target lesions. PR=at least a 30% decrease in the sum of the LD of target lesions, taking as a reference the Baseline sum LD.
Time Frame	From the date of the first documented response (CR or PR) to the date of first documented progression or death due to any cause, assessed up to approximately 39 months
Analysis Population Description	Intent-to-Treat (ITT) Population. Analysis was based on the assigned randomized treatment, not on the actual treatment received/not received. Only those participants who had either a confirmed CR or PR were analyzed.

	Pazopanib 800 mg	Sunitinib 50 mg
Arm/Group Description	Participants were administered pazopanib 800 mg (2 x 400 mg tablets) orally OD continuously. Pazopanib was to be taken at least one hour before or at least two hours after a meal. Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.	Participants were administered sunitinib 50 mg orally once daily in 6-week cycles (4 weeks of treatment, followed by 2 weeks without treatment). Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.
Number of Participants Analyzed [units: participants]	171	137
Duration of Response (DOR) (units: Months)	**Median (95% Confidence Interval)**	**Median (95% Confidence Interval)**
	13.8 (12.2 to 16.4)	18.0 (14.3 to 22.1)

Number of participants with Adverse Events

Description	The distribution of adverse events was done via the analysis of frequencies for Adverse Event (AEs) and Serious Adverse Event (SAEs), through the monitoring of relevant clinical and laboratory safety parameters.
Time Frame	From study treatment start date till 28 days safety follow-up, assessed up to approximately 152 months
Analysis Population Description	Safety Population: all randomized participants who received at least one dose of study medication, according to the actual treatment received.

	Pazopanib 800 mg	Sunitinib 50 mg
Arm/Group Description	Participants were administered pazopanib 800 mg (2 x 400 mg tablets) orally OD continuously. Pazopanib was to be taken at least one hour before or at least two hours after a meal. Participants received study treatment until disease	Participants were administered sunitinib 50 mg orally once daily in 6-week cycles (4 weeks of treatment, followed by 2 weeks without treatment). Participants received study treatment until disease progression, death, unacceptable

	progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.	toxicity, or withdrawal of consent for any other reasons.
Number of Participants Analyzed [units: participants]	554	548
Number of participants with Adverse Events (units: Participants)	**Count of Participants (Not Applicable)**	**Count of Participants (Not Applicable)**
Adverse Events (AEs)	551 (99.46%)	535 (97.63%)
Serious Adverse Events (SAEs)	242 (43.68%)	227 (41.42%)

Change from Baseline in Functional Assessment of Chronic Illness Therapy–Fatigue (FACIT-F) scale scores at Day 28 of Cycles 1-4

Description	FACIT Fatigue Subscale is a short, 13-item, easy to administer tool that measures an individual's level of fatigue during their usual daily activities over the past week. The level of fatigue is measured on a four point Likert scale (4 = not at all fatigued to 0 = very much fatigued). The total score range is from 0-52. The higher the score, the lower the fatigue level.
Time Frame	Baseline (predose), Day 28 of Cycles 1-4 (average of Weeks 4, 10, 16, and 22, respectively)
Analysis Population Description	Intent-to-Treat (ITT) Population. Analysis was based on the assigned randomized treatment, not on the actual treatment received/not received. Some participants were missing scores at Baseline and were excluded from the analysis. Participants missing scores at some of the other early time points were excluded from the analysis at those time points.

	Pazopanib 800 mg	**Sunitinib 50 mg**
Arm/Group Description	Participants were administered pazopanib 800 mg (2 x 400 mg tablets) orally OD continuously. Pazopanib was to be taken at least one hour before or at least two hours after a meal. Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.	Participants were administered sunitinib 50 mg orally once daily in 6-week cycles (4 weeks of treatment, followed by 2 weeks without treatment). Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.

Number of Participants Analyzed [units: participants]	353	375
Change from Baseline in Functional Assessment of Chronic Illness Therapy–Fatigue (FACIT-F) scale scores at Day 28 of Cycles 1-4 (units: Scores on a scale)	**Mean ± Standard Deviation**	**Mean ± Standard Deviation**
Week 4 (n=353,375)	-5.3 ± 11.00	-6.7 ± 10.93
Week 10 (n=293,330)	-4.0 ± 10.28	-6.3 ± 10.65
Week 16 (n=273,280)	-3.8 ± 10.13	-6.9 ± 11.16
Week 22 (n=227,240)	-2.9 ± 9.77	-6.5 ± 10.51

Change from Baseline in the FACT-Kidney Symptom Index-19 (FKSI-19) scale disease-related symptoms-physical (DRS-P) domain score at Day 28 of Cycles 1-4

Description	Health outcome and quality of life as measured by NCCN/FACT FKSI-19 questionnaire. The FKSI-19 is a disease-specific instrument that measures disease and treatment-related symptoms specifically in renal cancer patients in 4 domains (Disease-Related Symptoms – Physical (FKSI-DRS-P), Disease-Related Symptoms – Emotional (FKSI-DRS-E), Treatment Side-Effects (FKSI-TSE), Function/Well-Being (FKSI-FWB)) experienced in the past 7 days. Participants are asked to respond to a total of 19 questions regarding symptoms, side effects, and well being by using a 5-point scale (0=not at all, 1=a little bit, 2=somewhat, 3=quite a bit, 4=very much; possible total score of 0 to 76). A negative mean indicates a worsening of condition.
Time Frame	Baseline (predose), Day 28 of Cycles 1-4 (average of Weeks 4, 10, 16, and 22, respectively)
Analysis Population Description	Intent-to-Treat (ITT) Population. Analysis was based on the assigned randomized treatment, not on the actual treatment received/not received. Some participants were missing scores at Baseline and were excluded from the analysis. Participants missing scores at other early time points were excluded from the analysis at those time points. Change from Baseline was calculated as the assessment week value minus the Baseline value.

	Pazopanib 800 mg	**Sunitinib 50 mg**
Arm/Group Description	Participants were administered pazopanib 800 mg (2 x 400 mg tablets) orally OD continuously. Pazopanib was to be taken at least one hour before or at least two hours after a meal. Participants received study treatment until disease progression, death, unacceptable	Participants were administered sunitinib 50 mg orally once daily in 6-week cycles (4 weeks of treatment, followed by 2 weeks without treatment). Participants received study treatment until disease progression, death, unacceptable

	toxicity, or withdrawal of consent for any other reasons.	toxicity, or withdrawal of consent for any other reasons.
Number of Participants Analyzed [units: participants]	358	378
Change from Baseline in the FACT-Kidney Symptom Index-19 (FKSI-19) scale disease-related symptoms-physical (DRS-P) domain score at Day 28 of Cycles 1-4 (units: Scores on a scale)	**Mean ± Standard Deviation**	**Mean ± Standard Deviation**
Week 4 (n=358,378)	-2.9 ± 6.39	-3.9 ± 6.87
Week 10 (n=296,336)	-2.3 ± 6.69	-3.2 ± 6.76
Week 16 (n=269,283)	-2.6 ± 6.70	-3.2 ± 6.61
Week 22 (n=224,238)	-1.3 ± 6.29	-2.7 ± 6.42

Change from Baseline in the FACT-Kidney Symptom Index-19 (FKSI-19) scale disease related symptoms-emotional (DRS-E) domain score at Day 28 of Cycles 1-4

Description	Health outcome and quality of life as measured by NCCN/FACT FKSI-19 questionnaire. The FKSI-19 is a disease-specific instrument that measures disease and treatment-related symptoms specifically in renal cancer patients in 4 domains (Disease-Related Symptoms – Physical (FKSI-DRS-P), Disease-Related Symptoms – Emotional (FKSI-DRS-E), Treatment Side-Effects (FKSI-TSE), Function/Well-Being (FKSI-FWB)) experienced in the past 7 days. Participants are asked to respond to a total of 19 questions regarding symptoms, side effects, and well being by using a 5-point scale (0=not at all, 1=a little bit, 2=somewhat, 3=quite a bit, 4=very much; possible total score of 0 to 76). A negative mean indicates a worsening of condition.
Time Frame	Baseline (predose), Day 28 of Cycles 1-4 (average of Weeks 4, 10, 16, and 22, respectively)
Analysis Population Description	Intent-to-Treat (ITT) Population. Analysis was based on the assigned randomized treatment, not on the actual treatment received/not received. Some participants were missing scores at Baseline and were excluded from the analysis. Participants missing scores at other early time points were excluded from the analysis at those time points.

	Pazopanib 800 mg	**Sunitinib 50 mg**
Arm/Group Description	Participants were administered pazopanib 800 mg (2 x 400 mg tablets) orally OD continuously. Pazopanib was to be taken at least one hour before or at least two hours after a meal. Participants	Participants were administered sunitinib 50 mg orally once daily in 6-week cycles (4 weeks of treatment, followed by 2 weeks without treatment). Participants received study treatment until disease

	received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.	progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.
Number of Participants Analyzed [units: participants]	344	367
Change from Baseline in the FACT-Kidney Symptom Index-19 (FKSI-19) scale disease related symptoms-emotional (DRS-E) domain score at Day 28 of Cycles 1-4 (units: Scores on a scale)	**Mean ± Standard Deviation**	**Mean ± Standard Deviation**
Week 4 (n=344,367)	0.3 ± 1.31	0.4 ± 1.22
Week 10 (n=287,329)	0.4 ± 1.33	0.5 ± 1.32
Week 16 (n=260,277)	0.5 ± 1.39	0.6 ± 1.30
Week 22 (n=220,233)	0.6 ± 1.27	0.6 ± 1.20

Change from Baseline in the FACT-Kidney Symptom Index-19 (FKSI-19) scale treatment side effects (TSE) domain score at Day 28 of Cycles 1-4

Description	Health outcome and quality of life as measured by NCCN/FACT FKSI-19 questionnaire. The FKSI-19 is a disease-specific instrument that measures disease and treatment-related symptoms specifically in renal cancer patients in 4 domains (Disease-Related Symptoms – Physical (FKSI-DRS-P), Disease-Related Symptoms – Emotional (FKSI-DRS-E), Treatment Side-Effects (FKSI-TSE), Function/Well-Being (FKSI-FWB)) experienced in the past 7 days. Participants are asked to respond to a total of 19 questions regarding symptoms, side effects, and well being by using a 5-point scale (0=not at all, 1=a little bit, 2=somewhat, 3=quite a bit, 4=very much; possible total score of 0 to 76). A negative mean indicates a worsening of condition.
Time Frame	Baseline (predose), Day 28 of Cycles 1-4 (average of Weeks 4, 10, 16, and 22, respectively)
Analysis Population Description	Intent-to-Treat (ITT) Population. Analysis was based on the assigned randomized treatment, not on the actual treatment received/not received. Some participants were missing scores at Baseline and were excluded from the analysis. Participants missing scores at other early time points were excluded from the analysis at those time points. Change from Baseline was calculated as the assessment week value minus the Baseline value.

	Pazopanib 800 mg	**Sunitinib 50 mg**
Arm/Group Description	Participants were administered pazopanib 800 mg (2 x 400 mg tablets)	Participants were administered sunitinib 50 mg orally once daily in 6-week cycles

	orally OD continuously. Pazopanib was to be taken at least one hour before or at least two hours after a meal. Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.	(4 weeks of treatment, followed by 2 weeks without treatment). Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.
Number of Participants Analyzed [units: participants]	326	350
Change from Baseline in the FACT-Kidney Symptom Index-19 (FKSI-19) scale treatment side effects (TSE) domain score at Day 28 of Cycles 1-4 (units: Scores on a scale)	**Mean ± Standard Deviation**	**Mean ± Standard Deviation**
Week 4 (n=326,350)	-1.5 ± 2.45	-2.0 ± 2.35
Week 10 (n=267,305)	-1.9 ± 2.66	-2.4 ± 2.62
Week 16 (n=244,254)	-2.1 ± 2.79	-2.8 ± 2.46
Week 22 (n=201,218)	-2.4 ± 2.75	-2.4 ± 2.33

Change from Baseline in the FACT-Kidney Symptom Index-19 (FKSI-19) scale functional well being (FWB) domain score at Day 28 of Cycles 1-4

Description	Health outcome and quality of life as measured by NCCN/FACT FKSI-19 questionnaire. The FKSI-19 is a disease-specific instrument that measures disease and treatment-related symptoms specifically in renal cancer patients in 4 domains (Disease-Related Symptoms – Physical (FKSI-DRS-P), Disease-Related Symptoms – Emotional (FKSI-DRS-E), Treatment Side-Effects (FKSI-TSE), Function/Well-Being (FKSI-FWB)) experienced in the past 7 days. Participants are asked to respond to a total of 19 questions regarding symptoms, side effects, and well being by using a 5-point scale (0=not at all, 1=a little bit, 2=somewhat, 3=quite a bit, 4=very much; possible total score of 0 to 76). A negative mean indicates a worsening of condition.
Time Frame	Baseline (predose), Day 28 of Cycles 1-4 (average of Weeks 4, 10, 16, and 22, respectively)
Analysis Population Description	Intent-to-Treat (ITT) Population. Analysis was based on the assigned randomized treatment, not on the actual treatment received/not received. Some participants were missing scores at Baseline and were excluded from the analysis. Participants missing scores at other early time points were excluded from the analysis at those time points. Change from Baseline was calculated as the assessment week value minus the Baseline value.

	Pazopanib 800 mg	Sunitinib 50 mg
Arm/Group Description	Participants were administered pazopanib 800 mg (2 x 400 mg tablets) orally OD continuously. Pazopanib was to be taken at least one hour before or at least two hours after a meal. Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.	Participants were administered sunitinib 50 mg orally once daily in 6-week cycles (4 weeks of treatment, followed by 2 weeks without treatment). Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.
Number of Participants Analyzed [units: participants]	357	378
Change from Baseline in the FACT-Kidney Symptom Index-19 (FKSI-19) scale functional well being (FWB) domain score at Day 28 of Cycles 1-4 (units: Scores on a scale)	**Mean ± Standard Deviation**	**Mean ± Standard Deviation**
Week 4 (n=357,378)	-1.0 ± 4.01	-1.3 ± 3.63
Week 10 (n=298,331)	-0.6 ± 4.00	-1.1 ± 3.94
Week 16 (n=267,278)	-0.8 ± 4.08	-1.0 ± 3.96
Week 22 (n=228,234)	-0.7 ± 3.93	-1.0 ± 3.82

Change from Baseline in the FACT-Kidney Symptom Index-19 (FKSI-19) scale total score at Day 28 of Cycles 1-4

Description	Health outcome and quality of life as measured by NCCN/FACT FKSI-19 questionnaire. The FKSI-19 is a disease-specific instrument that measures disease and treatment-related symptoms specifically in renal cancer patients in 4 domains (Disease-Related Symptoms – Physical (FKSI-DRS-P), Disease-Related Symptoms – Emotional (FKSI-DRS-E), Treatment Side-Effects (FKSI-TSE), Function/Well-Being (FKSI-FWB)) experienced in the past 7 days. Participants are asked to respond to a total of 19 questions regarding symptoms, side effects, and well being by using a 5-point scale (0=not at all, 1=a little bit, 2=somewhat, 3=quite a bit, 4=very much; possible total score of 0 to 76). A negative mean indicates a worsening of condition.
Time Frame	Baseline (predose), Day 28 of Cycles 1-4 (average of Weeks 4, 10, 16, and 22, respectively)
Analysis Population Description	Intent-to-Treat (ITT) Population. Analysis was based on the assigned randomized treatment, not on the actual treatment received/not received. Some participants were missing scores at Baseline and were excluded from the analysis. Participants missing scores at other early

time points were excluded from the analysis at those time points. Change from Baseline was calculated as the assessment week value minus the Baseline value.

	Pazopanib 800 mg	Sunitinib 50 mg
Arm/Group Description	Participants were administered pazopanib 800 mg (2 x 400 mg tablets) orally OD continuously. Pazopanib was to be taken at least one hour before or at least two hours after a meal. Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.	Participants were administered sunitinib 50 mg orally once daily in 6-week cycles (4 weeks of treatment, followed by 2 weeks without treatment). Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.
Number of Participants Analyzed [units: participants]	358	379
Change from Baseline in the FACT-Kidney Symptom Index-19 (FKSI-19) scale total score at Day 28 of Cycles 1-4 (units: Scores on a scale)	**Mean ± Standard Deviation**	**Mean ± Standard Deviation**
Week 4 (n=358,379)	-5.0 ± 10.82	-6.6 ± 10.55
Week 10 (n=296,337)	-4.2 ± 10.95	-6.3 ± 11.21
Week 16 (n=267,284)	-4.8 ± 11.13	-6.3 ± 10.67
Week 22 (n=225,238)	-3.7 ± 10.49	-5.5 ± 10.13

Change from Baseline in the Supplementary Quality of Life Questions (SQLQ) scale worst soreness scores at Day 28 of Cycles 1-4

Description: The SQLQ scale consists of 5 items that assess the worst mouth and throat, hand, and foot soreness, as well as limitations due to mouth/throat and foot soreness. Participants were asked to assess their worst mouth/throat, hand, and foot soreness by answering the question of " In the past 4 weeks, what was your worst mouth/throat, hand, and foot soreness?" by using the following 4-point scale: 0, I never had any soreness; 1, I had a little bit of soreness; 2, I had quite a lot of soreness; 3, I had severe soreness. A positive mean change from Baseline represents a worsening of condition.

Time Frame: Baseline (predose), Day 28 of Cycles 1-4 (average of Weeks 4, 10, 16, and 22, respectively)

Analysis Population Description	Intent-to-Treat (ITT) Population. Analysis was based on the assigned randomized treatment, not on the actual treatment received/not received. Some participants were missing scores at Baseline and were excluded from the analysis. Participants missing scores at other early time points were excluded from the analysis at those time points. Change from Baseline was calculated as the assessment week value minus the Baseline value.

	Pazopanib 800 mg	**Sunitinib 50 mg**
Arm/Group Description	Participants were administered pazopanib 800 mg (2 x 400 mg tablets) orally OD continuously. Pazopanib was to be taken at least one hour before or at least two hours after a meal. Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.	Participants were administered sunitinib 50 mg orally once daily in 6-week cycles (4 weeks of treatment, followed by 2 weeks without treatment). Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.
Number of Participants Analyzed [units: participants]	202	184
Change from Baseline in the Supplementary Quality of Life Questions (SQLQ) scale worst soreness scores at Day 28 of Cycles 1-4 (units: Scores on a scale)	**Mean ± Standard Deviation**	**Mean ± Standard Deviation**
Mouth and Throat Soreness, Week 4 (n=202,180)	0.4 ± 0.87	1.0 ± 0.99
Mouth and Throat Soreness, Week 10 (n=164,155)	0.4 ± 0.88	0.9 ± 0.99
Mouth and Throat Soreness, Week 16 (n=137,138)	0.3 ± 0.73	0.8 ± 0.89
Mouth and Throat Soreness, Week 22 (n=120,117)	0.2 ± 0.75	0.8 ± 0.81
Hand Soreness, Week 4 (n=200,184)	0.2 ± 0.71	0.3 ± 0.72
Hand Soreness, Week 10 (n=164,153)	0.3 ± 0.84	0.7 ± 0.85
Hand Soreness, Week 16 (n=139,136)	0.4 ± 0.76	0.6 ± 0.80
Hand Soreness, Week 22 (n=123,115)	0.3 ± 0.69	0.6 ± 0.82
Foot Soreness, Week 4 (n=199,182)	0.2 ± 0.86	0.4 ± 0.80
Foot Soreness, Week 10 (n=163,153)	0.3 ± 1.00	0.6 ± 0.99

Foot Soreness, Week 16 (n=140,136)	0.3 ± 1.07	0.8 ± 0.99
Foot Soreness, Week 22 (n=123,116)	0.3 ± 1.04	0.9 ± 0.96

Change from Baseline in the Supplementary Quality of Life Questions (SQLQ) limitations due to mouth and throat soreness score at Day 28 of Cycles 1-4

Description	The SQLQ consists of 5 items assessing the worst mouth/throat, hand, and foot soreness, and limitations due to mouth/throat and foot soreness. Participants assessed the limitations caused by their mouth/throat soreness by answering the question of "In the past 4 weeks, how much did your worst mouth/throat soreness limit you in the following activities: swallowing/eating/drinking/talking/sleeping" by using the following 4-point scale: 0, not limited; 1, limited a little; 2, limited a lot; 3, unable to do. The overall limitation score (15=best; 0=worst), based on the individual scores for the 5 activities, is derived as follows: the actual scores were rescored by subtracting the actual score from "3" for each of the 5 categories. A high score indicates less limitation. Change from Baseline was calculated as the assessment week value minus the Baseline value. A negative mean change from Baseline represents a worsening of condition.
Time Frame	Baseline (predose), Day 28 of Cycles 1-4 (average of Weeks 4, 10, 16, and 22, respectively)
Analysis Population Description	Intent-to-Treat (ITT) Population. Analysis was based on the assigned randomized treatment, not on the actual treatment received/not received. Some participants were missing scores at Baseline and were excluded from the analysis. Participants missing scores at other early time points were excluded from the analysis at those time points.

	Pazopanib 800 mg	**Sunitinib 50 mg**
Arm/Group Description	Participants were administered pazopanib 800 mg (2 x 400 mg tablets) orally OD continuously. Pazopanib was to be taken at least one hour before or at least two hours after a meal. Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.	Participants were administered sunitinib 50 mg orally once daily in 6-week cycles (4 weeks of treatment, followed by 2 weeks without treatment). Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.
Number of Participants Analyzed [units: participants]	177	170
Change from Baseline in the Supplementary Quality of Life Questions (SQLQ) limitations due to mouth and throat soreness score at Day 28 of Cycles 1-4 (units: Scores on a scale)	**Mean ± Standard Deviation**	**Mean ± Standard Deviation**

Week 4 (n=177,170)	-0.9 ± 2.09	-1.8 ± 2.91
Week 10 (n=144,137)	-0.9 ± 1.91	-1.8 ± 3.06
Week 16 (n=125,122)	-0.6 ± 1.56	-1.3 ± 2.30
Week 22 (n=111,107)	-0.4 ± 1.67	-1.4 ± 1.85

Change From Baseline in the Supplementary Quality of Life Questions (SQLQ) Limitations Due to Foot Soreness Scores at Day 28 of Cycles 1-4

Description	The SQLQ consists of 5 items assessing the worst mouth/throat, hand, and foot soreness, and limitations due to mouth/throat and foot soreness. Participants assessed the limitations caused by their foot soreness by answering the question of "In the past 4 weeks, how much did your worst foot soreness limit you in each of the following activities: standing/walking/climbing stairs/sleeping/ability to do usual activities" by using the following 4-point scale: 0, not limited; 1, limited a little; 2, limited a lot; 3, unable to do. The overall limitation score (15=best; 0=worst), based on the individual scores for the 5 activities, is derived as follows: the actual scores were rescored by subtracting the actual score from "3" for each of the 5 categories. A high score indicates less limitation. Change from Baseline was calculated as the assessment week value minus the Baseline value. A negative mean change from Baseline represents a worsening of condition.
Time Frame	Baseline (predose), Day 28 of Cycles 1-4 (average of Weeks 4, 10, 16, and 22, respectively)
Analysis Population Description	Intent-to-Treat (ITT) Population. Analysis was based on the assigned randomized treatment, not on the actual treatment received/not received. Some participants were missing scores at Baseline and were excluded from the analysis. Participants missing scores at other early time points were excluded from the analysis at those time points.

	Pazopanib 800 mg	**Sunitinib 50 mg**
Arm/Group Description	Participants were administered pazopanib 800 mg (2 x 400 mg tablets) orally OD continuously. Pazopanib was to be taken at least one hour before or at least two hours after a meal. Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.	Participants were administered sunitinib 50 mg orally once daily in 6-week cycles (4 weeks of treatment, followed by 2 weeks without treatment). Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.
Number of Participants Analyzed [units: participants]	170	163

Change From Baseline in the Supplementary Quality of Life Questions (SQLQ) Limitations Due to Foot Soreness Scores at Day 28 of Cycles 1-4 (units: Scores on a scale)	Mean ± Standard Deviation	Mean ± Standard Deviation
Week 4 (n=170,163)	-0.6 ± 2.94	-1.0 ± 2.94
Week 10 (n=133,136)	-1.1 ± 3.02	-1.5 ± 3.76
Week 16 (n=114,126)	-1.2 ± 3.42	-2.2 ± 3.50
Week 22 (n=105,108)	-1.3 ± 3.25	-2.1 ± 3.52

Summary of Analysis for the Cancer Treatment Satisfaction Questionnaire (CTSQ) Score at Day 28 of Cycles 1-4

Description	The CTSQ assesses 3 domains related to the participant's satisfaction with cancer therapy: Expectations of Therapy (ET), Feelings about Side Effects (FSE), and Satisfaction with Therapy (SWT). Participants shared their thoughts on their cancer therapy (9 questions), their satisfaction with their most recently administered cancer therapy (6 questions), and if they would take the same cancer therapy if given the choice to do so again. All questions were assessed on a 5-point scale; 1, never; 5, always. Scores were averaged and transformed to a 0-100 scale; higher scores represent better treatment satisfaction.
Time Frame	Day 28 of Cycles 1-4 (average of Weeks 4, 10, 16, and 22, respectively)
Analysis Population Description	Intent-to-Treat (ITT) Population. Analysis was based on the assigned randomized treatment, not on the actual treatment received/not received. Participants missing scores at early time points were excluded from the analysis at those time points. Mean total score was calculated at each assessment week.

	Pazopanib 800 mg	Sunitinib 50 mg
Arm/Group Description	Participants were administered pazopanib 800 mg (2 x 400 mg tablets) orally OD continuously. Pazopanib was to be taken at least one hour before or at least two hours after a meal. Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.	Participants were administered sunitinib 50 mg orally once daily in 6-week cycles (4 weeks of treatment, followed by 2 weeks without treatment). Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.

Number of Participants Analyzed [units: participants]	383	386
Summary of Analysis for the Cancer Treatment Satisfaction Questionnaire (CTSQ) Score at Day 28 of Cycles 1-4 (units: Scores on a scale)	**Mean ± Standard Deviation**	**Mean ± Standard Deviation**
ET, Week 4 (n=383,386)	71.7 ± 22.13	71.3 ± 22.38
ET, Week 10 (n=321,346)	73.4 ± 21.62	73.4 ± 19.37
ET, Week 16 (n=296,293)	73.9 ± 21.56	72.9 ± 21.43
ET, Week 22 (n=250,250)	73.0 ± 21.40	73.4 ± 20.43
FSE, Week 4 (n=340,360)	66.3 ± 24.00	58.5 ± 23.59
FSE, Week 10 (n=298,323)	66.0 ± 23.09	56.0 ± 22.23
FSE, Week 16 (n=274,277)	65.0 ± 23.01	56.6 ± 22.02
FSE, Week 22 (n=235, 232)	67.1 ± 22.62	57.8 ± 21.28
SWT, Week 4 (n=355,374)	80.9 ± 15.49	79.0 ± 15.23
SWT, Week 10 (n=309,336)	84.5 ± 13.74	80.4 ± 15.15
SWT, Week 16 (n=287,284)	85.3 ± 14.77	80.5 ± 15.08
SWT, Week 22 (n=241,240)	85.4 ± 13.48	81.4 ± 15.04

Mean Number of Non-study Medical Visits, Telephone Consultations, Hospital Days, and Emergency Room (ER) Visits Per 30 Days Through Week 24

Description	Non-study medical visits were defined as the sum of primary care physician visits, nurse practitioner/physician's assistant/nurse visits, and medical or surgical specialist visits. Days hospitalized were defined as the sum of days in the general ward and days in intensive care. The number of telephone consultations and ER visits was assessed via individual questions on the electronic Case Report Form. The endpoint was totaled through Week 24, divided by the number of days on treatment for each participant, then multiplied by 30 days to get the number of visits per 30 days.
Time Frame	From Day 1 up to Week 24
Analysis Population Description	Intent-to-Treat (ITT) Population. Analysis was based on the assigned randomized treatment, not on the actual treatment received/not received. Only those participants who had non-study medical visits, telephone consultations, days in the hospital, and ER visits were analyzed.

	Pazopanib 800 mg	Sunitinib 50 mg
Arm/Group Description	Participants were administered pazopanib 800 mg (2 x 400 mg tablets) orally OD continuously. Pazopanib was to be taken at least one hour before or at least two hours after a meal. Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.	Participants were administered sunitinib 50 mg orally once daily in 6-week cycles (4 weeks of treatment, followed by 2 weeks without treatment). Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.
Number of Participants Analyzed [units: participants]	429	432
Mean Number of Non-study Medical Visits, Telephone Consultations, Hospital Days, and Emergency Room (ER) Visits Per 30 Days Through Week 24 (units: events per 30 days)	**Mean ± Standard Deviation**	**Mean ± Standard Deviation**
Non-Study Medical Visits	0.726 ± 1.472	0.779 ± 1.690
Telephone Consultations	0.279 ± 0.718	0.312 ± 0.656
Hospital Days	0.402 ± 2.273	0.562 ± 2.187
ER Visits	0.037 ± 0.156	0.067 ± 0.195

Mean Number of Laboratory Visits, Radiology Visits, Home Healthcare Visits, and Medical Procedures at Day 28 of Cycles 1-4

Description	The number of non-study laboratory visits (NSLVs), non-study radiology visits (NSRVs), and home healthcare visits (HHVs) were each collected as a single question on the eCRF. The number of non-study medical or surgical procedures (MSPs) was defined as the sum of procedures performed at outpatient or physician clinics, as well as those performed during any inpatient hospitalization.
Time Frame	Day 28 of Cycles 1-4 (average of Weeks 4, 10, 16, and 22, respectively)
Analysis Population Description	Intent-to-Treat (ITT) Population. Analysis was based on the assigned randomized treatment, not on the actual treatment received/not received. Only those participants who had NSLVs, NSRVs, HHVs, and medical procedures were analyzed.

	Pazopanib 800 mg	Sunitinib 50 mg
Arm/Group Description	Participants were administered pazopanib 800 mg (2 x 400 mg tablets) orally OD continuously. Pazopanib was to be taken at least one hour before or at least two hours after a meal. Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.	Participants were administered sunitinib 50 mg orally once daily in 6-week cycles (4 weeks of treatment, followed by 2 weeks without treatment). Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.
Number of Participants Analyzed [units: participants]	429	432
Mean Number of Laboratory Visits, Radiology Visits, Home Healthcare Visits, and Medical Procedures at Day 28 of Cycles 1-4 (units: visits)	**Mean ± Standard Deviation**	**Mean ± Standard Deviation**
NSLV, Cycle 1 (n=417,414)	0.3 ± 1.25	0.3 ± 1.14
NSLV, Cycle 2 (n=345,363)	0.3 ± 0.97	0.4 ± 1.35
NSLV, Cycle 3 (n=299,304)	0.2 ± 0.67	0.2 ± 0.58
NSLV, Cycle 4 (n=265,254)	0.1 ± 0.49	0.1 ± 0.47
NSRV, Cycle 1 (n=419,414)	0.1 ± 0.44	0.1 ± 0.56
NSRV, Cycle 2 (n=348,364)	0.1 ± 0.36	0.1 ± 0.88
NSRV, Cycle 3 (n=299,305)	0.0 ± 0.28	0.1 ± 0.33
NSRV, Cycle 4 (n=266,255)	0.0 ± 0.24	0.1 ± 0.46
HHV, Cycle 1 (n=418,411)	0.0 ± 0.44	0.1 ± 0.77
HHV, Cycle 2 (n=343,363)	0.1 ± 0.52	0.1 ± 0.64
HHV, Cycle 3 (n=298,304)	0.1 ± 0.72	0.0 ± 0.37
HHV, Cycle 4 (n=265,254)	0.0 ± 0.49	0.1 ± 1.77
NSP, Cycle 1 (n=417,413)	0.2 ± 0.69	0.3 ± 2.52
NSP, Cycle 2 (n=344,363)	0.2 ± 0.68	0.2 ± 1.17
NSP, Cycle 3 (n=298,304)	0.2 ± 0.60	0.3 ± 1.98

NSP, Cycle 4 (n=266,254)	0.2 ± 0.85	0.3 ± 1.73

Post-Hoc Outcome Result(s)

All collected deaths

Description	Pre-treatment deaths were collected from day of participant's informed consent to the day before first dose of study medication. On-treatment deaths were collected from first dose of study medication to 28 days after last dose of study medication (on-treatment), up to approximately 129 months. Deaths were collected in the post treatment survival follow up from 29 days after last dose of study medication until the end of the study, up to approximately 152 months.
Time Frame	Pre-treatment deaths: Up to 21 days prior to treatment. On-treatment deaths: Up to 129 months. Post-treatment deaths: up to 152 months.
Analysis Population Description	Intent-to-Treat (ITT) Population

	Pazopanib 800 mg	**Sunitinib 50 mg**
Arm/Group Description	Participants were administered pazopanib 800 mg (2 x 400 mg tablets) orally OD continuously. Pazopanib was to be taken at least one hour before or at least two hours after a meal. Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.	Participants were administered sunitinib 50 mg orally once daily in 6-week cycles (4 weeks of treatment, followed by 2 weeks without treatment). Participants received study treatment until disease progression, death, unacceptable toxicity, or withdrawal of consent for any other reasons.
Number of Participants Analyzed [units: participants]	557	553
All collected deaths (units: Participants)	**Count of Participants (Not Applicable)**	**Count of Participants (Not Applicable)**
Pre-treatment deaths	0 (%)	0 (%)
On-treatment deaths	25 (4.51%)	22 (4.01%)

Post-treatment deaths	310 (58.6%)	312 (59.32%)
All deaths	335 (60.14%)	334 (60.4%)

Safety Results

All-Cause Mortality

	Pazopanib 800 mg N = 557	Sunitinib 50 mg N = 553	Pazopanib 800 mg (Post-Treatment) N = 529	Sunitinib 50 mg (Post-Treatment) N = 526
Arm/Group Description	Pazopanib 800 mg: Events up to 28 days post-treatment	Sunitinib 50 mg: Events up to 28 days post-treatment	Pazopanib 800 mg (Post-Treatment) - Deaths in the post-treatment survival follow-up were not considered adverse events.	Sunitinib 50 mg (Post-Treatment) - Deaths in the post-treatment survival follow-up were not considered adverse events.
Total Number Affected	25	22	310	312
Total Number At Risk	557	553	529	526

Serious Adverse Events by System Organ Class

	Pazopanib 800 mg N = 554	Sunitinib 50 mg N = 548	Pazopanib 800 mg (Post-Treatment) N = 0	Sunitinib 50 mg (Post-Treatment) N = 0
Arm/Group Description	Pazopanib 800 mg: Events up to 28 days post-treatment	Sunitinib 50 mg: Events up to 28 days post-treatment	Pazopanib 800 mg (Post-Treatment) - Deaths in the post-treatment survival follow-up were	Sunitinib 50 mg (Post-Treatment) - Deaths in the post-treatment survival follow-up were

			not considered adverse events.	not considered adverse events.
Total # Affected by any Serious Adverse Event	242	227	0	0
Total # at Risk by any Serious Adverse Event	554	548	0	0
Blood and lymphatic system disorders				
Anaemia	9 (1.62%)	9 (1.64%)		
Febrile neutropenia	2 (0.36%)	0 (0.00%)		
Immune thrombocytopenia	0 (0.00%)	1 (0.18%)		
Lymphopenia	0 (0.00%)	1 (0.18%)		
Microangiopathic haemolytic anaemia	0 (0.00%)	1 (0.18%)		
Neutropenia	2 (0.36%)	7 (1.28%)		
Polycythaemia	2 (0.36%)	0 (0.00%)		
Thrombocytopenia	4 (0.72%)	24 (4.38%)		
Cardiac disorders				
Acute myocardial infarction	3 (0.54%)	2 (0.36%)		
Angina pectoris	2 (0.36%)	0 (0.00%)		
Angina unstable	1 (0.18%)	1 (0.18%)		
Atrial fibrillation	1 (0.18%)	0 (0.00%)		
Atrial thrombosis	0 (0.00%)	1 (0.18%)		
Bradycardia	0 (0.00%)	1 (0.18%)		
Cardiac failure congestive	1 (0.18%)	4 (0.73%)		
Cardiopulmonary failure	1 (0.18%)	0 (0.00%)		

Coronary artery stenosis	1 (0.18%)	0 (0.00%)
Left ventricular dysfunction	1 (0.18%)	1 (0.18%)
Myocardial infarction	3 (0.54%)	4 (0.73%)
Palpitations	2 (0.36%)	0 (0.00%)
Pericardial effusion	1 (0.18%)	0 (0.00%)
Sinus node dysfunction	0 (0.00%)	1 (0.18%)
Tachycardia	2 (0.36%)	0 (0.00%)
Torsade de pointes	0 (0.00%)	1 (0.18%)
Ear and labyrinth disorders		
Sudden hearing loss	0 (0.00%)	1 (0.18%)
Endocrine disorders		
Adrenal insufficiency	0 (0.00%)	2 (0.36%)
Eye disorders		
Retinal detachment	0 (0.00%)	1 (0.18%)
Gastrointestinal disorders		
Abdominal distension	0 (0.00%)	2 (0.36%)
Abdominal hernia	1 (0.18%)	0 (0.00%)
Abdominal pain	3 (0.54%)	5 (0.91%)
Abdominal pain lower	0 (0.00%)	1 (0.18%)
Abdominal pain upper	1 (0.18%)	0 (0.00%)
Anal fistula	1 (0.18%)	0 (0.00%)

Anal ulcer haemorrhage	1 (0.18%)	0 (0.00%)
Ascites	1 (0.18%)	1 (0.18%)
Colitis	1 (0.18%)	1 (0.18%)
Constipation	2 (0.36%)	2 (0.36%)
Diarrhoea	5 (0.90%)	10 (1.82%)
Duodenal ulcer	3 (0.54%)	1 (0.18%)
Duodenal ulcer haemorrhage	0 (0.00%)	2 (0.36%)
Enterocolitis	1 (0.18%)	0 (0.00%)
Erosive oesophagitis	0 (0.00%)	1 (0.18%)
Gastric fistula	1 (0.18%)	0 (0.00%)
Gastric haemorrhage	0 (0.00%)	1 (0.18%)
Gastritis	1 (0.18%)	2 (0.36%)
Gastritis erosive	1 (0.18%)	0 (0.00%)
Gastrointestinal disorder	1 (0.18%)	0 (0.00%)
Gastrointestinal haemorrhage	2 (0.36%)	2 (0.36%)
Glossodynia	1 (0.18%)	0 (0.00%)
Haematemesis	0 (0.00%)	2 (0.36%)
Haematochezia	0 (0.00%)	1 (0.18%)
Haemorrhoidal haemorrhage	0 (0.00%)	1 (0.18%)
Ileus	3 (0.54%)	0 (0.00%)
Inguinal hernia	2 (0.36%)	1 (0.18%)
Intestinal obstruction	2 (0.36%)	2 (0.36%)

Large intestine polyp	1 (0.18%)	0 (0.00%)
Lower gastrointestinal haemorrhage	1 (0.18%)	0 (0.00%)
Nausea	6 (1.08%)	7 (1.28%)
Oesophagitis ulcerative	0 (0.00%)	1 (0.18%)
Pancreatitis	5 (0.90%)	2 (0.36%)
Pancreatitis acute	1 (0.18%)	1 (0.18%)
Peptic ulcer	1 (0.18%)	0 (0.00%)
Rectal haemorrhage	2 (0.36%)	1 (0.18%)
Small intestinal haemorrhage	2 (0.36%)	0 (0.00%)
Small intestinal obstruction	1 (0.18%)	2 (0.36%)
Stomatitis	0 (0.00%)	1 (0.18%)
Swollen tongue	0 (0.00%)	1 (0.18%)
Upper gastrointestinal haemorrhage	2 (0.36%)	1 (0.18%)
Vomiting	7 (1.26%)	8 (1.46%)
General disorders and administration site conditions		
Asthenia	2 (0.36%)	4 (0.73%)
Chest pain	2 (0.36%)	0 (0.00%)
Death	1 (0.18%)	0 (0.00%)
Disease progression	1 (0.18%)	1 (0.18%)
Fatigue	3 (0.54%)	12 (2.19%)
General physical health deterioration	0 (0.00%)	1 (0.18%)
Impaired healing	1 (0.18%)	0 (0.00%)

Malaise	0 (0.00%)	1 (0.18%)
Non-cardiac chest pain	2 (0.36%)	0 (0.00%)
Pain	1 (0.18%)	3 (0.55%)
Pneumatosis	0 (0.00%)	1 (0.18%)
Pyrexia	5 (0.90%)	13 (2.37%)
Sudden death	0 (0.00%)	1 (0.18%)
Hepatobiliary disorders		
Cholecystitis	2 (0.36%)	1 (0.18%)
Cholecystitis acute	1 (0.18%)	2 (0.36%)
Cholelithiasis	2 (0.36%)	1 (0.18%)
Drug-induced liver injury	1 (0.18%)	2 (0.36%)
Gallbladder rupture	1 (0.18%)	0 (0.00%)
Hepatic function abnormal	7 (1.26%)	4 (0.73%)
Hepatitis	0 (0.00%)	1 (0.18%)
Hepatotoxicity	8 (1.44%)	0 (0.00%)
Hyperbilirubinaemia	0 (0.00%)	2 (0.36%)
Jaundice cholestatic	0 (0.00%)	1 (0.18%)
Immune system disorders		
Anaphylactic reaction	1 (0.18%)	0 (0.00%)
Infections and infestations		
Abscess	1 (0.18%)	0 (0.00%)

Anal abscess	1 (0.18%)	0 (0.00%)
Appendicitis	1 (0.18%)	1 (0.18%)
Bacterial infection	0 (0.00%)	1 (0.18%)
Bronchitis	1 (0.18%)	0 (0.00%)
Cellulitis	1 (0.18%)	1 (0.18%)
Complicated appendicitis	0 (0.00%)	1 (0.18%)
Febrile infection	0 (0.00%)	1 (0.18%)
Gastroenteritis	1 (0.18%)	2 (0.36%)
H1N1 influenza	1 (0.18%)	0 (0.00%)
Herpes zoster	0 (0.00%)	1 (0.18%)
Infection	1 (0.18%)	0 (0.00%)
Lower respiratory tract infection	0 (0.00%)	2 (0.36%)
Otitis media	1 (0.18%)	0 (0.00%)
Perinephric abscess	0 (0.00%)	1 (0.18%)
Peritonitis	0 (0.00%)	1 (0.18%)
Pneumocystis jirovecii pneumonia	1 (0.18%)	0 (0.00%)
Pneumonia	7 (1.26%)	6 (1.09%)
Pneumonia aspiration	0 (0.00%)	1 (0.18%)
Pneumonia bacterial	0 (0.00%)	1 (0.18%)
Pyelonephritis	1 (0.18%)	0 (0.00%)
Pyelonephritis acute	0 (0.00%)	1 (0.18%)
Renal abscess	0 (0.00%)	1 (0.18%)

Retroperitoneal abscess	0 (0.00%)	1 (0.18%)
Salmonella sepsis	0 (0.00%)	1 (0.18%)
Sepsis	3 (0.54%)	1 (0.18%)
Septic shock	1 (0.18%)	0 (0.00%)
Urinary tract infection	3 (0.54%)	1 (0.18%)
Wound infection	1 (0.18%)	0 (0.00%)
Injury, poisoning and procedural complications		
Acetabulum fracture	2 (0.36%)	0 (0.00%)
Ankle fracture	0 (0.00%)	1 (0.18%)
Brain herniation	1 (0.18%)	0 (0.00%)
Chemical poisoning	0 (0.00%)	1 (0.18%)
Contusion	1 (0.18%)	0 (0.00%)
Craniocerebral injury	1 (0.18%)	0 (0.00%)
Fall	0 (0.00%)	2 (0.36%)
Femoral neck fracture	1 (0.18%)	0 (0.00%)
Femur fracture	1 (0.18%)	2 (0.36%)
Humerus fracture	1 (0.18%)	0 (0.00%)
Ilium fracture	1 (0.18%)	0 (0.00%)
Multiple fractures	0 (0.00%)	1 (0.18%)
Patella fracture	0 (0.00%)	1 (0.18%)
Tibia fracture	1 (0.18%)	0 (0.00%)
Investigations		

Alanine aminotransferase increased	35 (6.32%)	8 (1.46%)
Amylase increased	0 (0.00%)	1 (0.18%)
Aspartate aminotransferase increased	17 (3.07%)	2 (0.36%)
Blood alkaline phosphatase increased	1 (0.18%)	0 (0.00%)
Blood bilirubin increased	2 (0.36%)	2 (0.36%)
Blood calcium increased	0 (0.00%)	1 (0.18%)
Blood creatine increased	1 (0.18%)	0 (0.00%)
Blood creatine phosphokinase increased	0 (0.00%)	1 (0.18%)
Blood creatinine increased	1 (0.18%)	0 (0.00%)
Blood glucose decreased	1 (0.18%)	0 (0.00%)
Blood magnesium decreased	0 (0.00%)	1 (0.18%)
Blood potassium increased	1 (0.18%)	1 (0.18%)
Ejection fraction decreased	1 (0.18%)	1 (0.18%)
Electrocardiogram QT prolonged	0 (0.00%)	1 (0.18%)
Gamma-glutamyltransferase increased	3 (0.54%)	0 (0.00%)
Haemoglobin decreased	1 (0.18%)	0 (0.00%)
Hepatic enzyme increased	6 (1.08%)	1 (0.18%)
Lipase increased	7 (1.26%)	4 (0.73%)
Liver function test abnormal	1 (0.18%)	0 (0.00%)
Liver function test increased	2 (0.36%)	0 (0.00%)
Neutrophil count decreased	2 (0.36%)	0 (0.00%)
Platelet count decreased	0 (0.00%)	9 (1.64%)

Metabolism and nutrition disorders		
Decreased appetite	2 (0.36%)	2 (0.36%)
Dehydration	8 (1.44%)	11 (2.01%)
Electrolyte imbalance	1 (0.18%)	0 (0.00%)
Hyperamylasaemia	0 (0.00%)	1 (0.18%)
Hypercalcaemia	5 (0.90%)	1 (0.18%)
Hyperglycaemia	0 (0.00%)	1 (0.18%)
Hyperkalaemia	2 (0.36%)	2 (0.36%)
Hyperlipasaemia	1 (0.18%)	0 (0.00%)
Hyperuricaemia	1 (0.18%)	2 (0.36%)
Hypocalcaemia	2 (0.36%)	0 (0.00%)
Hypoglycaemia	0 (0.00%)	1 (0.18%)
Hypokalaemia	1 (0.18%)	0 (0.00%)
Hyponatraemia	4 (0.72%)	7 (1.28%)
Hypophosphataemia	0 (0.00%)	1 (0.18%)
Malnutrition	0 (0.00%)	1 (0.18%)
Musculoskeletal and connective tissue disorders		
Arthralgia	2 (0.36%)	0 (0.00%)
Back pain	3 (0.54%)	5 (0.91%)
Bone pain	1 (0.18%)	0 (0.00%)
Fistula	0 (0.00%)	1 (0.18%)
Flank pain	2 (0.36%)	1 (0.18%)

Groin pain	1 (0.18%)	0 (0.00%)
Haemarthrosis	0 (0.00%)	1 (0.18%)
Intervertebral disc compression	0 (0.00%)	1 (0.18%)
Muscular weakness	1 (0.18%)	2 (0.36%)
Musculoskeletal pain	0 (0.00%)	1 (0.18%)
Osteolysis	2 (0.36%)	0 (0.00%)
Pain in extremity	1 (0.18%)	0 (0.00%)
Neoplasms benign, malignant and unspecified (incl cysts and polyps)		
Adenocarcinoma	1 (0.18%)	0 (0.00%)
Adenocarcinoma of colon	1 (0.18%)	0 (0.00%)
Basal cell carcinoma	0 (0.00%)	1 (0.18%)
Cancer pain	1 (0.18%)	0 (0.00%)
Cholesteatoma	0 (0.00%)	1 (0.18%)
Colon cancer	1 (0.18%)	0 (0.00%)
Endometrial cancer metastatic	1 (0.18%)	0 (0.00%)
Gastric cancer	0 (0.00%)	1 (0.18%)
Haemangioblastoma	0 (0.00%)	1 (0.18%)
Lipoma	1 (0.18%)	0 (0.00%)
Lung neoplasm malignant	1 (0.18%)	0 (0.00%)
Malignant melanoma	0 (0.00%)	1 (0.18%)
Metastases to central nervous system	1 (0.18%)	2 (0.36%)
Metastases to liver	1 (0.18%)	0 (0.00%)

Metastases to lung	0 (0.00%)	1 (0.18%)
Metastasis	1 (0.18%)	0 (0.00%)
Paraneoplastic syndrome	0 (0.00%)	1 (0.18%)
Parathyroid tumour benign	0 (0.00%)	1 (0.18%)
Renal cancer metastatic	0 (0.00%)	1 (0.18%)
Signet-ring cell carcinoma	0 (0.00%)	1 (0.18%)
Squamous cell carcinoma of skin	1 (0.18%)	1 (0.18%)
Tumour associated fever	0 (0.00%)	1 (0.18%)
Tumour haemorrhage	0 (0.00%)	1 (0.18%)
Tumour rupture	1 (0.18%)	0 (0.00%)
Nervous system disorders		
Central nervous system haemorrhage	1 (0.18%)	1 (0.18%)
Cerebellar haemorrhage	0 (0.00%)	1 (0.18%)
Cerebral haemorrhage	5 (0.90%)	1 (0.18%)
Cerebral infarction	0 (0.00%)	2 (0.36%)
Cerebral ischaemia	0 (0.00%)	1 (0.18%)
Cerebral small vessel ischaemic disease	0 (0.00%)	1 (0.18%)
Cerebrovascular accident	2 (0.36%)	0 (0.00%)
Cerebrovascular insufficiency	0 (0.00%)	1 (0.18%)
Dizziness	2 (0.36%)	1 (0.18%)
Encephalopathy	1 (0.18%)	0 (0.00%)
Haemorrhage intracranial	1 (0.18%)	0 (0.00%)

Haemorrhagic cerebral infarction	0 (0.00%)	1 (0.18%)
Headache	2 (0.36%)	1 (0.18%)
Hemianaesthesia	1 (0.18%)	0 (0.00%)
Hypoaesthesia	0 (0.00%)	1 (0.18%)
Ischaemic stroke	1 (0.18%)	0 (0.00%)
Lethargy	0 (0.00%)	1 (0.18%)
Loss of consciousness	0 (0.00%)	1 (0.18%)
Metabolic encephalopathy	1 (0.18%)	0 (0.00%)
Motor dysfunction	0 (0.00%)	1 (0.18%)
Paraesthesia	0 (0.00%)	1 (0.18%)
Paraplegia	1 (0.18%)	0 (0.00%)
Presyncope	0 (0.00%)	1 (0.18%)
Seizure	2 (0.36%)	3 (0.55%)
Spinal cord compression	4 (0.72%)	3 (0.55%)
Subarachnoid haemorrhage	0 (0.00%)	1 (0.18%)
Syncope	1 (0.18%)	4 (0.73%)
Transient ischaemic attack	3 (0.54%)	1 (0.18%)
Tremor	0 (0.00%)	1 (0.18%)
Psychiatric disorders		
Anxiety	0 (0.00%)	1 (0.18%)
Confusional state	1 (0.18%)	2 (0.36%)
Emotional distress	0 (0.00%)	1 (0.18%)

Mental status changes	1 (0.18%)	0 (0.00%)
Sleep disorder	0 (0.00%)	1 (0.18%)
Renal and urinary disorders		
Acute kidney injury	4 (0.72%)	9 (1.64%)
Haematuria	2 (0.36%)	3 (0.55%)
Nephrotic syndrome	0 (0.00%)	1 (0.18%)
Proteinuria	1 (0.18%)	1 (0.18%)
Renal failure	1 (0.18%)	4 (0.73%)
Renal haemorrhage	1 (0.18%)	0 (0.00%)
Renal impairment	0 (0.00%)	1 (0.18%)
Ureteric obstruction	1 (0.18%)	0 (0.00%)
Urinary retention	1 (0.18%)	0 (0.00%)
Reproductive system and breast disorders		
Bartholin's cyst	1 (0.18%)	0 (0.00%)
Penile oedema	1 (0.18%)	0 (0.00%)
Respiratory, thoracic and mediastinal disorders		
Acute respiratory failure	0 (0.00%)	1 (0.18%)
Chronic obstructive pulmonary disease	0 (0.00%)	2 (0.36%)
Cough	0 (0.00%)	1 (0.18%)
Dyspnoea	5 (0.90%)	8 (1.46%)
Epistaxis	0 (0.00%)	6 (1.09%)

Haemoptysis	3 (0.54%)	2 (0.36%)
Haemothorax	0 (0.00%)	1 (0.18%)
Hiccups	0 (0.00%)	1 (0.18%)
Hypoxia	1 (0.18%)	0 (0.00%)
Laryngeal haemorrhage	0 (0.00%)	1 (0.18%)
Lung infiltration	0 (0.00%)	1 (0.18%)
Pleural effusion	1 (0.18%)	11 (2.01%)
Pleurisy	1 (0.18%)	0 (0.00%)
Pleuritic pain	1 (0.18%)	0 (0.00%)
Pneumonitis	1 (0.18%)	2 (0.36%)
Pneumothorax	2 (0.36%)	2 (0.36%)
Pulmonary artery thrombosis	0 (0.00%)	1 (0.18%)
Pulmonary embolism	8 (1.44%)	7 (1.28%)
Pulmonary pain	1 (0.18%)	0 (0.00%)
Respiratory failure	2 (0.36%)	2 (0.36%)
Skin and subcutaneous tissue disorders		
Actinic keratosis	0 (0.00%)	1 (0.18%)
Angioedema	1 (0.18%)	0 (0.00%)
Decubitus ulcer	1 (0.18%)	0 (0.00%)
Palmar-plantar erythrodysaesthesia syndrome	2 (0.36%)	0 (0.00%)
Rash	1 (0.18%)	0 (0.00%)

Vascular disorders		
Aortic thrombosis	1 (0.18%)	0 (0.00%)
Arterial rupture	0 (0.00%)	1 (0.18%)
Deep vein thrombosis	2 (0.36%)	0 (0.00%)
Dry gangrene	1 (0.18%)	0 (0.00%)
Giant cell arteritis	0 (0.00%)	1 (0.18%)
Haematoma	0 (0.00%)	1 (0.18%)
Hypertension	7 (1.26%)	6 (1.09%)
Hypertensive crisis	2 (0.36%)	1 (0.18%)
Hypotension	1 (0.18%)	1 (0.18%)
Orthostatic hypotension	0 (0.00%)	1 (0.18%)
Thrombosis	1 (0.18%)	1 (0.18%)
Vena cava thrombosis	1 (0.18%)	1 (0.18%)

Other Adverse Events by System Organ Class

Frequent Event Reporting Threshold 5%

	Pazopanib 800 mg N = 554	Sunitinib 50 mg N = 548	Pazopanib 800 mg (Post-Treatment) N = 0	Sunitinib 50 mg (Post-Treatment) N = 0

Arm/Group Description	Pazopanib 800 mg: Events up to 28 days post-treatment	Sunitinib 50 mg: Events up to 28 days post-treatment	Pazopanib 800 mg (Post-Treatment) - Deaths in the post-treatment survival follow-up were not considered adverse events.	Sunitinib 50 mg (Post-Treatment) - Deaths in the post-treatment survival follow-up were not considered adverse events.
Total # Affected by any Other Adverse Event	541	535	0	0
Total # at Risk by any Other Adverse Event	554	548	0	0
Blood and lymphatic system disorders				
Anaemia	36 (6.50%)	99 (18.07%)		
Leukopenia	51 (9.21%)	100 (18.25%)		
Neutropenia	60 (10.83%)	147 (26.82%)		
Thrombocytopenia	56 (10.11%)	180 (32.85%)		
Endocrine disorders				
Hyperthyroidism	7 (1.26%)	29 (5.29%)		
Hypothyroidism	71 (12.82%)	138 (25.18%)		
Eye disorders				
Eyelid oedema	18 (3.25%)	39 (7.12%)		
Gastrointestinal disorders				
Abdominal discomfort	24 (4.33%)	33 (6.02%)		
Abdominal distension	34 (6.14%)	27 (4.93%)		
Abdominal pain	72 (13.00%)	74 (13.50%)		
Abdominal pain upper	69 (12.45%)	49 (8.94%)		

Constipation	97 (17.51%)	133 (24.27%)
Diarrhoea	349 (63.00%)	312 (56.93%)
Dry mouth	26 (4.69%)	29 (5.29%)
Dyspepsia	78 (14.08%)	135 (24.64%)
Flatulence	32 (5.78%)	15 (2.74%)
Gastrooesophageal reflux disease	19 (3.43%)	55 (10.04%)
Mouth ulceration	22 (3.97%)	35 (6.39%)
Nausea	248 (44.77%)	253 (46.17%)
Oral pain	12 (2.17%)	28 (5.11%)
Stomatitis	78 (14.08%)	154 (28.10%)
Vomiting	158 (28.52%)	148 (27.01%)
General disorders and administration site conditions		
Asthenia	47 (8.48%)	58 (10.58%)
Chills	15 (2.71%)	43 (7.85%)
Face oedema	12 (2.17%)	40 (7.30%)
Fatigue	305 (55.05%)	342 (62.41%)
Mucosal inflammation	62 (11.19%)	141 (25.73%)
Oedema	15 (2.71%)	37 (6.75%)
Oedema peripheral	58 (10.47%)	86 (15.69%)
Pyrexia	47 (8.48%)	77 (14.05%)
Infections and infestations		
Nasopharyngitis	46 (8.30%)	42 (7.66%)

Upper respiratory tract infection	30 (5.42%)	34 (6.20%)
Urinary tract infection	23 (4.15%)	29 (5.29%)
Investigations		
Alanine aminotransferase increased	143 (25.81%)	93 (16.97%)
Amylase increased	39 (7.04%)	24 (4.38%)
Aspartate aminotransferase increased	128 (23.10%)	96 (17.52%)
Blood alkaline phosphatase increased	40 (7.22%)	30 (5.47%)
Blood bilirubin increased	51 (9.21%)	35 (6.39%)
Blood creatinine increased	52 (9.39%)	85 (15.51%)
Blood lactate dehydrogenase increased	40 (7.22%)	60 (10.95%)
Blood thyroid stimulating hormone increased	33 (5.96%)	64 (11.68%)
Blood triglycerides increased	21 (3.79%)	35 (6.39%)
Haemoglobin decreased	34 (6.14%)	75 (13.69%)
Lipase increased	43 (7.76%)	32 (5.84%)
Neutrophil count decreased	23 (4.15%)	60 (10.95%)
Platelet count decreased	36 (6.50%)	97 (17.70%)
Weight decreased	86 (15.52%)	33 (6.02%)
White blood cell count decreased	31 (5.60%)	74 (13.50%)
Metabolism and nutrition disorders		
Decreased appetite	207 (37.36%)	203 (37.04%)
Hyperglycaemia	16 (2.89%)	30 (5.47%)

Hyponatraemia	22 (3.97%)	36 (6.57%)
Hypophosphataemia	21 (3.79%)	32 (5.84%)
Musculoskeletal and connective tissue disorders		
Arthralgia	98 (17.69%)	82 (14.96%)
Back pain	91 (16.43%)	89 (16.24%)
Flank pain	14 (2.53%)	30 (5.47%)
Muscle spasms	38 (6.86%)	23 (4.20%)
Myalgia	34 (6.14%)	37 (6.75%)
Pain in extremity	70 (12.64%)	93 (16.97%)
Nervous system disorders		
Dizziness	71 (12.82%)	82 (14.96%)
Dysgeusia	49 (8.84%)	58 (10.58%)
Headache	124 (22.38%)	122 (22.26%)
Taste disorder	99 (17.87%)	145 (26.46%)
Psychiatric disorders		
Insomnia	58 (10.47%)	61 (11.13%)
Renal and urinary disorders		
Haematuria	24 (4.33%)	28 (5.11%)
Proteinuria	99 (17.87%)	76 (13.87%)
Respiratory, thoracic and mediastinal disorders		
Cough	86 (15.52%)	105 (19.16%)

Dysphonia	42 (7.58%)	12 (2.19%)
Dyspnoea	79 (14.26%)	92 (16.79%)
Epistaxis	49 (8.84%)	96 (17.52%)
Oropharyngeal pain	39 (7.04%)	54 (9.85%)
Skin and subcutaneous tissue disorders		
Alopecia	77 (13.90%)	45 (8.21%)
Dry skin	44 (7.94%)	47 (8.58%)
Hair colour changes	168 (30.32%)	54 (9.85%)
Palmar-plantar erythrodysaesthesia syndrome	163 (29.42%)	275 (50.18%)
Pruritus	23 (4.15%)	45 (8.21%)
Rash	95 (17.15%)	126 (22.99%)
Yellow skin	4 (0.72%)	93 (16.97%)
Vascular disorders		
Hypertension	256 (46.21%)	220 (40.15%)

Other Relevant Findings

None

Conclusion:

Safety results were similar to the known safety profile of Pazopanib and was consistent with the safety results reported in the primary and OS analyses CSRs. There were no new safety signals observed.

Date of Clinical Trial Report

28-Feb-2022	Close-out final Clinical Study Report
24-Jun-2014	Next Generation Analysis for CPZP034A2301 (GlaxoSmithKline Document Number:2014N206410_00): Examination of Mutations from Five Genes (PBRM1, VHL, KDR, SETD2, and BAP1) for Subjects with clear cell Renal Cell Carcinoma that were Treated with Pazopanib or Sunitinib.
13-Mar-2014	The final OS analysis CSR (GlaxoSmithKline Document Number: 2013N180282_00) described the updated OS results using pooled overall population with a data cut-off of 30-Sep-2013.
30-Jan-2013	The primary analysis CSR Amendment 1 report (GlaxoSmithKline Document Number: 2012N141517_01). The data in this report was based on data collected up to the data cut-off of 21-May-2012 with some revisions to few sections.
19-Nov-2012	The primary analysis CSR (GlaxoSmithKline Document Number: 2012N141517_00) described final analysis of PFS using pooled overall population with a data cut-off of 21-May-2012.