

Clinical Trial Details

CTRI Number	CTRI/2026/06/112376 [Registered on: 10/06/2026] - Trial Registered Prospectively																	
Last Modified On	19/07/2026																	
Post Graduate Thesis	No																	
Type of Trial	Interventional																	
Type of Study	Drug																	
Study Design	Randomized, Parallel Group, Multiple Arm Trial																	
Public Title of Study	A global study in participant with advanced biliary tract cancer to see how well exposure of rilvegostomig plus chemotherapy or durvalumab plus chemotherapy works primarily towards Overall Survival																	
Scientific Title of Study	Phase III, Randomized, Open-label, Global, Multicenter Study of Rilvegostomig or Durvalumab in Combination With Chemotherapy as a First-line Treatment for Patients With Advanced Biliary Tract Cancer																	
Secondary IDs if Any	<table><tr><th>Secondary ID</th><th>Identifier</th></tr><tr><td>D702NC00001_Version 1.0_Dated 08 Aug 2025</td><td>Protocol Number</td></tr><tr><td>NCT07221253</td><td>ClinicalTrials.gov</td></tr></table>		Secondary ID	Identifier	D702NC00001_Version 1.0_Dated 08 Aug 2025	Protocol Number	NCT07221253	ClinicalTrials.gov										
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**Details Contact Person
(Public Query)**

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Email	sandeep.av@astrazeneca.com

**Source of Monetary or
Material Support**

Details Contact Person (Public Query)	
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Primary Sponsor

Source	
151 85 Sodertalje, Sweden	
AstraZeneca AB	

Primary Sponsor Details	
Name	AstraZeneca AB
Address	151 85 Sodertalje, Sweden
Type of Sponsor	Pharmaceutical industry-Global

Details of Secondary Sponsor

Name	Address
AstraZeneca Pharma India Ltd	Block N1, 12th Floor, Manyata Embassy Business Park Rachenahalli, Outer Ring Road, Bangalore – 560045, India

Countries of Recruitment

List of Countries
Australia
Belgium
Brazil
Canada
China
France
Germany
India
Italy
Japan
Netherlands
Poland
Republic of Korea
Spain
Taiwan
Thailand

Sites of Study

Turkey			
United Kingdom			
United States of America			
Principal Investigator	Site Name	Address	Contact
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Dr Kaushal Kalra	Vardhman Mahavir Medical College & Safdarjung Hospital	Department of Medical Oncology Old SIC building, New Delhi, India, 110029 New Delhi, DELHI	9968663394
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Details of Ethics Committee	Name		Approval Status
	Ethics Committee, Unique Hospital-Multispeciality & Research Institute		Approved
	Institutional Ethics Committee VMMC & SJH, VMMC & Safdarjung Hospital		Submitted/Under Review
	Institutional Ethics Committee, All India Institute of Medical Sciences		Submitted/Under Review
	Institutional Ethics Committee, Asian Institute of Gastroenterology Pvt Ltd		Submitted/Under Review
	Institutional Ethics Committee, Saroj Gupta Cancer centre and Research Institute		Approved
	Institutional Ethics Committee-I Tata Memorial Hospital		Submitted/Under Review
	KCC Institutional Ethics Committee, Kolhapur Cancer Centre Hospital Pvt. Ltd,		Approved
	Manavata Clinical Research Institute Ethics Committee, HCG Manavata Cancer Centre,		Approved

Regulatory Clearance Status from DCGI	Status	
	Approved/Obtained	

Health Condition / Problems Studied	Health Type	Condition
	Patients	Malignant neoplasm of overlappingsites of biliary tract

Intervention / Comparator Agent	Type	Name	Details
	Intervention	Experimental arm Rilvegostomig + (Gemcitabine + Cisplatin)	Rilvegostomig: 750 mg IV Q3W on D1 of each cycle + (Gemcitabine 1000 mg/m2 IV Q3W + Cisplatin 25 mg/m2 IV Q3W will be administered on D1 and D8 of each cycle starting on C1D1 for up to 8 cycles) After which participants will receive rilvegostomig 750 mg IV Q3W as a single-agent, until disease progression
	Comparator Agent	Control arm Durvalumab + (Gemcitabine + Cisplatin)	Durvalumab 1500 mg IV Q3W on D1 of each cycle + (Gemcitabine 1000 mg/m2 IV Q3W + Cisplatin 25 mg/m2 IV Q3W will be administered on D1 and D8 of each cycle starting on C1D1 for up to 8 cycles) After which participants will receive durvalumab 1500 mg IV Q4W as a single-agent, until disease progression

Inclusion Criteria	Inclusion Criteria	
	Age From	18.00 Year(s)
	Age To	99.00 Year(s)

Gender	Both
Details	Inclusion criteria

 Participant and Disease Characteristics

 1. Histologically confirmed adenocarcinoma of the biliary tract, including cholangiocarcinoma (iCCA or eCCA) and gallbladder carcinoma.
 2. Participants with mixed-type histology are eligible if adenocarcinoma or adenosquamous carcinoma is predominant.
 3. Unresectable locally advanced or metastatic BTC, previously untreated in the advanced disease setting
 4. ECOG performance status of 0 or 1, with no deterioration over the previous 2 weeks prior to baseline at screening and prior to randomization.
 5. Minimum life expectancy of 12 weeks
 6. Provision of an acceptable tumor sample that is Less than or equal 12 months old, as defined in the Pathology Manual and Laboratory Manual and summarized in Section 8.8 to confirm PD-L1 expression status using the VENTANA PD-L1 (SP263) CDx Assay at a Sponsor-designated centralized test laboratory prior to randomization. Participants with unknown PD-L1 status are not eligible for the study. Note: If PD-L1 status has already been assessed using the same VENTANA PD-L1 (SP263) CDx Assay in the same test laboratory as part of screening for another AstraZeneca study, this test result may be used if the sample requirements are met. An FFPE tumor block is the preferred sample type. If a block cannot be submitted, then newly cut tissue sections on unstained slides should be provided.
 7. At least one measurable lesion not previously irradiated that qualifies as a RECIST 1.1 TL at baseline and can be accurately measured as Greater than or equal 10 mm in longest diameter (except lymph nodes, which must have short axis Greater than or equal 15 mm) with CT (preferable) or MRI and is suitable for accurate repeated measurements. In cases where there is only one potential TL that fulfills the criteria above but had been previously irradiated (external beam radiotherapy only), the lesion must show radiographic evidence of subsequent growth to qualify as a measurable TL.
 8. Adequate organ and bone marrow function as defined in Table 4:
 9. Minimum body weight of 30 kg
 Sex and Contraceptive/Barrier Requirements
 10. Contraceptive use by participants or participant partners should be consistent with local regulations regarding the methods of contraception for those participating in clinical studies. Refer to Appendix G for further details.

 Male participants who are sexually active with a female partner of childbearing potential:

 Must use a male condom plus spermicide (condom alone in countries where spermicides are not approved) from enrollment and throughout study, until at least 60 days after the last dose of rilvegostomig, or 90 days after last dose of durvalumab, or 6 months after last dose of chemotherapy (unless local Prescribing Information requires a longer duration), whichever is longer. Periodic abstinence, the rhythm method, and the withdrawal method are not acceptable methods of contraception.

 11. In addition, female partners of childbearing potential of male participants must use a highly effective method of contraception (see Table 18) from enrollment until at least 60 days after the last dose of rilvegostomig, or 90 days after last dose of durvalumab, or 6 months after last dose of chemotherapy (unless local Prescribing Information requires a longer duration), whichever is longer.
 Female participants of childbearing potential:

 12. See Appendix G for definition of female of childbearing potential (FOCBP).

 Informed Consent
 1. Capable of giving signed informed consent as described in Appendix A which includes compliance with the requirements and restrictions listed in the ICF and in this protocol.
 2. Provision of signed and dated written Optional Genomics Initiative Research Information and Consent Form prior to collection of samples for optional genomics initiative research that supports the Genomic Initiative (see Appendix D 2).

 Other Inclusion Criteria
 3. All races, gender and ethnic groups are eligible for this study

 4. Females receiving HRT and whose

menopausal status is in doubt will be required to use one of the contraception methods outlined for FOCBP if they wish to continue using HRT during the study. Otherwise, HRT must be discontinued to allow confirmation of postmenopausal status prior to randomization; see Appendix G for further details.

 5. Must use at least one highly effective form of contraception from enrollment throughout study and until at least 60 days after last dose of rilvegostomig, or 90 days after last dose of durvalumab, or 6 months after last dose of chemotherapy (unless local Prescribing Information requires a longer duration), whichever is longer.

 6. In addition, non-sterilized male partners of FOCBP participants enrolled in this study must use a male condom plus spermicide (condom alone in countries where spermicides are not approved) from enrollment until at least 60 days after the last dose of rilvegostomig, or 90 days after last dose of durvalumab, or 6 months after last dose of chemotherapy (unless local Prescribing Information requires a longer duration), whichever is longer.

 7. All FOCBP must have a negative serum pregnancy test result at screening.

Exclusion Criteria

Exclusion Criteria	
Details	Exclusion Criteria Participants are excluded from the study if any of the following criteria apply: Medical Conditions 1. Ampullary carcinoma. 2. Known medical contraindication to gemcitabine or cisplatin chemotherapy. 3. Active or ongoing interstitial lung disease/pneumonitis (of any grade), serious chronic gastrointestinal conditions associated with diarrhea, or active non-infectious skin disease (including any grade rash, urticaria, dermatitis, ulceration, or psoriasis) requiring systemic treatment. 4. Any severe or uncontrolled systemic diseases which, in the Investigator's opinion, makes it undesirable for the participant to participate in the study or that would jeopardize compliance with the protocol, including psychiatric illness/social situations and substance abuse. 5. History of organ transplant or allogeneic stem cell transplant. 6. History of another primary malignancy except for malignancy treated with curative intent with no known active disease for 2 years prior to randomization and of low potential risk for recurrence. Exceptions include adequately resected non-melanoma skin cancer and curatively treated in situ disease. 7. Brain metastases unless asymptomatic, stable, and not requiring steroids or anticonvulsants for at least 7 days prior to randomization. A minimum of 2 weeks must have elapsed between the end of brain radiotherapy and randomization. A minimum of 4 weeks must have elapsed from the completion of neurosurgery and randomization. Participants must have recovered from the acute toxic effect of radiotherapy (eg, dizziness and signs of increased intracranial pressure) or surgery prior to randomization. 8. Spinal cord compression unless the participant received adequate local treatment (surgery and/or radiotherapy) and all of the following conditions are met: - Participants must have stable neurological status for at least 2 weeks after completion of local treatment and randomization. - At least 4 weeks must have elapsed from the completion of surgery (if performed) and randomization. - At least 7 days have elapsed after completion of steroids prior to randomization. 9. Leptomeningeal carcinomatosis. 10. Persistent toxicities (CTCAE Greater than or equal Grade 2) caused by previous anticancer therapy, excluding alopecia. Participants who have the following chronic, stable Grade 2 toxicities (defined as no worsening to Greater than Grade 2 for at

least 3 months prior to randomization and managed with SoC treatment) which the Investigator deems related to previous anticancer therapy can be included:

Fatigue

Vitiligo

Endocrine disorders that are controlled with replacement hormone therapy.

11. Evidence of any of the following infections:

Known active hepatitis A or acute hepatitis B infection (anti-HBc IgM positive).

Chronic hepatitis B infection defined as either positive HBsAg regardless of HBV DNA level, or positive anti-HBc with detectable HBV DNA (Greater than or equal 10 IU/mL or above the limit of detection per local laboratory), unless all of the following are met:

Received antiviral therapy for a minimum of 14 days prior to randomization AND

There is evidence of HBV stabilization or signs of viral response (eg, reduction of HBV DNA levels) prior to randomization.

Participants must remain on antiviral therapy for the study duration and for 6 months after the last dose of study treatment.

Co-infection with HBV and HDV (HBV infection indicated by the presence of HBsAg or anti-HBc with detectable HBV DNA [Greater than or equal 10 IU/mL or above the limit of detection per local laboratory] and HDV by the presence of anti-HDV antibodies).

Co-infection with HBV and HDV (HBV infection indicated by the presence of HBsAg or anti-HBc with detectable HBV DNA [Greater than or equal 10 IU/mL or above the limit of detection per local laboratory] and HDV by the presence of anti-HDV antibodies).

Co-infection with HBV and HCV (HBV infection indicated by the presence of HBsAg or anti-HBc with detectable HBV DNA [Greater than or equal 10 IU/mL or above the limit of detection per local laboratory] and HCV by presence of anti-HCV antibodies).

Active hepatitis C infection defined as: anti-HCV positive with detectable HCV RNA.

participants who are anti-HCV positive with undetectable HCV RNA can be included.

Known HIV infection that is not well controlled. All of the following criteria are required to define an HIV infection that is well controlled: undetectable viral RNA load for 6 months, CD4 Plus count of Greater than or equal 350 cells, no history of AIDS defining opportunistic infection within the past 12 months, and stable for at least 4 weeks on the same anti HIV medications and have an HIV viral load Less than 400 copies . If an HIV infection meets the above criteria, monitoring of viral RNA load and CD4+ count is recommended

12. History of any of the following cardiac conditions:

Clinically significant arrhythmias, including those that are symptomatic or uncontrolled.

Symptomatic congestive heart failure (as defined by New York Heart Association class Greater than or equal 3).

Myocardial infarction within the past 6 months

Mean resting corrected QT interval Greater than 470 ms, obtained from triplicate ECGs performed at screening.

Congenital long QT syndrome, family history of long QT syndrome, or unexplained sudden death under 40 years of age in first-degree relatives.

13. Active or prior documented autoimmune disorders or inflammatory disorders (including, but not limited to, inflammatory bowel disease, systemic lupus erythematosus, Graves' disease) requiring chronic treatment with steroids or other immunosuppressive treatment.

The following participants can be included:

Participants with vitiligo or alopecia o Participants with hypothyroidism (eg, following Hashimoto syndrome) stable on hormone replacement

Participants with any chronic skin condition that does not require systemic therapy

Participants without active disease in the last 5 years

Participants with coeliac disease controlled by diet alone

Prior/Concomitant Therapy

14. Any prior systemic therapy received for unresectable locally advanced or metastatic BTC. Note: Prior treatment in the curative intent setting (including surgery, radiation or systemic therapy) is permissible provided Greater than 3 months (90 days) have elapsed between the between the end of curative intent treatment and the diagnosis of recurrence. If the curative intent treatment included gemcitabine or cisplatin a minimum of 6 months (180 days) must have elapsed between the end of curative intent treatment and diagnosis of recurrence. If the curative intent treatment included immunotherapy the participant is excluded (see exclusion criterion 15).

15. Any prior exposure to an anti-PD-1, anti-PD-L1, anti-TIGIT or anti-CTLA-4 therapy, or any other anticancer therapy targeting immune-regulatory receptors or mechanisms, including therapeutic anticancer vaccines.

16. Herbal or natural products intended as treatment or prophylaxis for any type of cancer that may interfere with the activity of the study intervention are excluded, see Appendix H 2.

17. Any concurrent chemotherapy, radiotherapy, immunotherapy, investigational, biologic, or hormonal therapy for cancer treatment other than those under investigation in this study. Concurrent use of bisphosphonates or hormonal therapy (eg, insulin for diabetes, HRT, gonadotropin-releasing hormone analogs) for non-cancer-related conditions is allowed

18. Received prior radiotherapy for metastatic or recurrent disease within 2 weeks prior to randomization. Ongoing radiation toxicities should resolve to Grade 1 or baseline prior to randomization.

19. Current or prior use of immunosuppressive medication within 14 days prior to randomization. The following are exceptions to this criterion (see Appendix H 2):

Intranasal, inhaled, topical steroids, or local steroid injections (eg, intraarticular injection).

Steroids as premedication for hypersensitivity reactions (eg, CT scan premedication), or a single dose for palliative purpose (eg, pain control).

Systemic corticosteroids at physiological doses not to exceed 10 mg/day of prednisone or 2 mg/day of dexamethasone or equivalent.

20. Major surgical procedure (excluding placement of vascular access) or significant traumatic injury within 4 weeks prior to randomization or an anticipated need for major surgery during the study.

21. Receipt of live attenuated vaccine within 30 days prior to randomization. Note: Participants, if enrolled, should not receive live vaccine while receiving study intervention and for up to 30 days after the last dose of study intervention (see Appendix H 2).

Prior/Concurrent Clinical Study Experience

22. Participation in another clinical study with a study intervention or investigational medicinal device administered in the last 6 months prior to randomization or concurrent enrollment in another clinical study (unless the study is observational or non-interventional, or the participant is in the follow-up period of an interventional study). Note: Participants who entered screening in another clinical study with a study intervention or investigational medicinal device but did not receive any study interventions can be included.

23. Prior randomization in another rilvegostomig study regardless of treatment arm.

24. Participants with a known hypersensitivity to any study intervention or any of the excipients of the products

Other Exclusions

25. Involvement in the planning and/or conduct of the study

Method of Generating
Random Sequence

Method of Concealment

Blinding/Masking

Primary Outcome

Secondary Outcome

	(applies to both AstraZeneca staff and/or staff at the study site). 26. Judgment by the Investigator that the participant should not participate in the study if the participant is unlikely to comply with study procedures, restrictions, and requirements. 27. Previous enrollment in the present study. Note: participants may be rescreened once; for details see Section 5.4. 28. For females only – currently pregnant (confirmed with positive pregnancy test) or who are planning to become pregnant.
Stratified randomization	
Centralized	
Open Label	
Outcome	Timepoints
To demonstrate the efficacy of rilvegostomig plus chemotherapy relative to durvalumab plus chemotherapy by assessment of OS in the PD-L1 Greater than or equal 1% population.	To demonstrate the efficacy of rilvegostomig plus chemotherapy relative to durvalumab plus chemotherapy by assessment of OS in the PD-L1 Greater than or equal 1% population.
Outcome	Timepoints
To demonstrate the efficacy of rilvegostomig plus chemotherapy relative to durvalumab plus chemotherapy by assessment of OS in the ITT population	OS is defined as time from randomization until the date of death due to any cause. The analysis will include all randomized participants. All deaths will be included, regardless of whether the participant withdraws from therapy or receives another anticancer therapy. The measure of interest is the HR of OS PFS2 is defined as the time from randomization to the earliest of the progression event (following the initial Investigator assessed progression), after the first subsequent therapy, or death, where the first objective progression includes progression occurring after 2 missed visits The date of the second progression will be recorded by the Investigator in the eCRF and defined according to local standard clinical practice. The analysis will include all randomized participants. All events will be included, regardless of whether the participant withdraws from subsequent therapy and regardless of missed visits. The measure of interest is the HR of PFS2.
To demonstrate the efficacy of rilvegostomig plus chemotherapy relative to durvalumab plus chemotherapy by assessment of PFS in the PD-L1 Greater than or equal 1% population.	PFS is defined as the time from randomization until radiological progression per RECIST 1.1 as assessed by Investigator, or death due to any cause (in the absence of progression), whichever occurs first. The analysis will include all randomized participants in the PD-L1 Greater than or equal 1% population. All events will be included regardless of whether the participant withdraws from therapy, receives another anticancer therapy, or clinically progresses prior to radiographic progression per RECIST 1.1. However, if the participant progresses or dies immediately after 2 or more consecutive missed visits, the participant will be censored at the time of the latest evaluable assessment

	prior to the 2 missed visits. PFS will also be assessed by BICR for supplementary/sensitivity analysis. The measures of interest is the HR of PFS
To demonstrate the efficacy of rilvegostomig plus chemotherapy relative to durvalumab plus chemotherapy by assessment of PFS in the ITT population.	PFS is defined as the time from randomization until radiological progression per RECIST 1.1 as assessed by Investigator, or death due to any cause (in the absence of progression), whichever occurs first. The analysis will include all randomized participants. All events will be included regardless of whether the participant withdraws from therapy, receives another anticancer therapy, or clinically progresses prior to radiographic progression per RECIST 1.1. However, if the participant progresses or dies immediately after 2 or more consecutive missed visits, the participant will be censored at the time of the latest evaluable assessment prior to the 2 missed visits. PFS will also be assessed by BICR for supplementary/sensitivity analysis. The measures of interest is the HR of PFS.
To characterize and compare the efficacy of rilvegostomig plus chemotherapy relative to durvalumab plus chemotherapy by assessment of ORR in the PD-L1 Greater than or equal 1% population.	ORR is defined as the proportion of participants who have a confirmed CR or confirmed PR, as determined by Investigator assessments using RECIST 1.1. The analyses will include all randomized participants in the PD-L1 Greater than or equal 1% population. Data obtained from randomization up until progression, or the last evaluable assessment in the absence of progression, will be included in the assessment of ORR, regardless of whether the participant withdraws from therapy. Participants who discontinue treatment without a response or progression, receive a subsequent therapy, and then respond will not be included as responders in the ORR analysis. The measure of interest is the difference of the ORR
To characterize and compare the efficacy of rilvegostomig plus chemotherapy relative to durvalumab plus chemotherapy by assessment of ORR in the ITT population.	ORR is defined as the proportion of participants who have a confirmed CR or confirmed PR, as determined by Investigator assessments using RECIST 1.1. The analyses will include all randomized participants. Data obtained from randomization up until progression, or the last evaluable assessment in the absence of progression, will be included in the assessment of ORR, regardless of whether the participant withdraws from therapy. Participants who discontinue treatment without a response or progression, receive a subsequent therapy, and then respond will not be included as responders in the ORR analysis. The measure of interest is the difference of the ORR
To characterize and compare the efficacy of rilvegostomig plus chemotherapy relative to durvalumab plus chemotherapy by assessment of DoR in the PD-L1 Greater than or equal 1% population.	DoR is defined as the time from the date of first documented response until the date of documented progression per Investigator assessments using RECIST 1.1 or death due to any cause (in the absence of progression), whichever occurs first.

	The analyses will include all randomized participants who have a confirmed response in the PD-L1 Greater than or equal 1% population. The end of response coincides with the date of progression or death from any cause used for the PFS endpoint. The measure interest is the median of DoR.
To characterize and compare the efficacy of rilvegostomig plus chemotherapy relative to durvalumab plus chemotherapy by assessment of DoR in the ITT population.	DoR is defined as the time from the date of first documented response until the date of documented progression per Investigator assessments using RECIST 1.1 or death due to any cause (in the absence of progression), whichever occurs first. The analyses will include all randomized participants who have a confirmed response. The end of response coincides with the date of progression or death from any cause used for the PFS endpoint. The measure of interest is the median of DoR.
To compare the efficacy of rilvegostomig plus chemotherapy relative to durvalumab plus chemotherapy by assessment of PFS2 in the PD-L1 Greater than or equal 1% population.	PFS2 is defined as the time from randomization until the earliest of the progression event (following the initial Investigator-assessed progression event), after the start of the first subsequent therapy, or death from any cause, whichever occurs first. The date of the second progression will be recorded by the Investigator in the eCRF and defined according to local standard clinical practice. The analyses will include all randomized participants in the PD-L1 Greater than or equal 1% population. All events will be included, regardless of whether the participant withdraws from subsequent therapy and regardless of missed visits. The measure of interest is the HR of PFS2.
To compare the efficacy of rilvegostomig plus chemotherapy relative to durvalumab plus chemotherapy by assessment of PFS2 in the ITT population.	PFS2 is defined as the time from randomization until the earliest of the progression event (following the initial Investigator-assessed progression event), after the start of the first subsequent therapy, or death from any cause, whichever occurs first. The date of the second progression will be recorded by the Investigator in the eCRF and defined according to local standard clinical practice. The analyses will include all randomized participants. All events will be included, regardless of whether the participant withdraws from subsequent therapy and regardless of missed visits. The measure of interest is the HR of PFS2.
To assess the safety and tolerability of rilvegostomig plus chemotherapy compared to durvalumab plus chemotherapy.	Safety and tolerability will be evaluated in terms of AEs (graded by CTCAE v5.0), clinical laboratory assessments, vital signs, physical examination, and ECOG performance status. These analyses will include all randomized participants who received at least one dose of study intervention (safety analysis set).
To assess the PK of rilvegostomig.	Concentration of rilvegostomig in serum and PK parameters (such as peak and trough concentration, as data allow; sparse sampling will be performed).
To investigate the immunogenicity of rilvegostomig.	Presence of ADAs, titer, and neutralizing antibodies for rilvegostomig.
To assess patient-reported BTC symptoms	Proportion of participants with maintained or

	improved pain as measured by the EORTC IL445 and EORTC IL446. The analysis will include all randomized participants. The measure of interest will be the proportion of participants with maintained or improved pain.
To assess patient-reported GHS/QoL.	Proportion of participants with maintained or improved GHS/QoL as measured by the EORTC IL172. The analysis will include all randomized participants. The measure of interest is the proportion of participants with maintained or improved GHS/QoL.
To collect and assess blood and tumor samples for biomarker analysis in participants treated with rilvegostomig plus chemotherapy compared to durvalumab plus chemotherapy.	Assessment of tumor, immune, and/or other cell/biological component associated biomarkers (markers, signatures and/or profiles) in peripheral blood (whole blood, serum, and plasma) and tumor samples (or images) at baseline, on treatment, and at progression as evaluated by, but not limited to, the presence of, profile of, or changes in DNA, RNA, protein, analyte, and/or imaging measurements using different analytical methods including computer-aided and artificial intelligence, and in relation with participants baseline characteristics, clinical outcomes/endpoints and/or other clinical or molecular assessments. Assessments may include but are not limited to
To assess patient-reported BTC symptoms.	Change from baseline and TTD of BTC symptom subscales as measured by the EORTC IL445 and EORTC IL446. The analysis will include all randomized participants. The measure of interest is mean and mean change from baseline and HR of TTD of symptom subscales measured by the EORTC IL445 and EORTC IL446
To describe patient-reported treatment-related symptoms and tolerability.	Patient-reported tolerability will be described among participants, as treated, using the following outcomes: Symptomatic AEs: Proportion of participants experiencing different levels of symptomatic AEs as measured by the EORTC IL445 and EORTC IL444. Overall side effect bother: Proportion of participants reporting overall side effect bother on the PGI-TT. The analysis will include all dosed participants. The measure of interest is the proportion of participants reporting different levels of AEs and overall tolerability.
To assess patient-reported physical functioning.	Change from baseline and TTD of physical functioning as measured by the PROMIS PF-SF 8c-7 day. The analysis will include all randomized participants. The measure of interest is the mean and mean change from baseline and HR of TTD in physical functioning.
To assess patient-reported functioning.	Change from baseline of social, role, cognitive, and emotional functioning as measured by the

	EORTC IL172. The analysis will include all randomized participants. The measure of interest is the mean and mean change from baseline of functioning.
To assess the impact of treatment and disease on health state in participants.	VAS score and its change from baseline and 5-dimension scores over time as measured by the EQ-5D-5L. The analysis will include all randomized participants. The measure of interest is the mean and mean change from baseline of VAS score and proportion of participants reporting different levels of each 5-dimension score.
To explore the impact of treatment and disease on health care resource use in all randomized participants	Number and type of hospitalizations and procedures, and length of stay, as captured by the Concomitant Procedure, SAE reporting forms and HOSPAD.
To describe prevalence, severity, impact, and prophylactic or palliative treatment of patient-reported gastrointestinal symptoms.	Descriptive summary of the proportion of participants reporting each symptom, levels of severity, levels of change of severity, and ADL impact, adherence with prophylactic or palliative treatment over time. The Safety Analysis Set will be used.
To explore how multi-omics variations, including genetics, may affect clinical parameters, risk and prognosis of diseases and the response to medications as detailed in Appendix D Optional Genomics Initiative. Note: The samples are taken from consented participants for DNA isolation, blood derivatives, and storage. Results will not be reported in the CSR.	Exploratory endpoints are related to the data generated from multi-omics analysis, including genetics which may be part or all of the participant's genetic information.

Target Sample Size

Total Sample Size: **1100**
Sample Size from India: **55**
Final Enrollment (Total): **Applicable only for Completed/Terminated trials**
Final Enrollment (India): **Applicable only for Completed/Terminated trials**

Phase of Trial

Phase 3

Date of First Enrollment (India)

15/06/2026

Date of First Enrollment (Global)

04/12/2025

Date of Study Completion (India)

No Date Specified

Date of Study Completion (Global)

No Date Specified

Estimated Duration of Trial

Years: 5, Months: 0, Days: 0

Recruitment Status (Global)

Open to Recruitment

Recruitment Status (India)

Not Yet Recruiting

Publication Details

N/A

Brief Summary

This is a Phase III, two-arm, randomized, open-label, multicenter, global study, assessing the efficacy and safety of rilvegostomig in combination with gemcitabine and cisplatin chemotherapy compared with durvalumab in combination with gemcitabine and cisplatin chemotherapy in participants with advanced BTC..

Approximately 1572 participants will be screened to achieve approximately 1100 participants randomized in a 1:1 ratio to one of the following intervention arms:

- **Experimental arm:** Rilvegostomig in combination with gemcitabine plus

cisplatin. Participants will receive rilvegostomig 750 mg IV Q3W on D1 of each cycle starting on C1D1 in combination with chemotherapy for up to 8 cycles, after which participants will receive rilvegostomig 750 mg IV Q3W as a single-agent, until disease progression or unacceptable toxicity. Gemcitabine 1000 mg/m² IV Q3W plus cisplatin 25 mg/m² IV Q3W will be administered on D1 and D8 of each cycle starting on C1D1 for up to 8 cycles.

- **Control arm:** Durvalumab in combination with gemcitabine plus cisplatin. Participants will receive durvalumab 1500 mg IV Q3W on D1 of each cycle starting on C1D1 in combination with chemotherapy for up to 8 cycles, after which participants will receive durvalumab 1500 mg IV Q4W as a single-agent, until disease progression or unacceptable toxicity. Gemcitabine 1000 mg/m² IV Q3W plus cisplatin 25 mg/m² IV Q3W will be administered on D1 and D8 of each cycle starting on C1D1 for up to 8 cycles.

Randomization will be stratified by PD-L1 expression (TAP Less than 1% vs Greater than or equal 1%), disease status (initially unresectable vs recurrent), primary tumor location (iCCA vs eCCA vs GBC), and geographical region (Asia vs RoW).

Participants will be prospectively tested for PD-L1 expression for stratification. Participants must have a tumor sample available for PD-L1 IHC testing performed by a central reference laboratory during the screening period. PD-L1 status is required prior to randomization. PD-L1 expression will be determined using the investigational VENTANA PD-L1 (SP263) CDx assay.

Participants in both experimental and control arms will continue to receive study intervention (rilvegostomig or durvalumab) until RECIST 1.1-defined radiological progression as assessed by the Investigator, unacceptable toxicity, the participant requests to stop the study treatment, or until any other intervention discontinuation criteria are met.

Following Investigator-assessed RECIST 1.1-defined disease progression, due to the potential pseudo-progression observed in participants treated with immunotherapies, participants may continue to receive rilvegostomig or durvalumab until confirmed with a subsequent scan (performed at least 4 weeks later, but no later than the next scheduled imaging visit) as long as they continue to show clinical benefit. If disease progression is confirmed by this second scan, the participant must discontinue study treatment.

Follow-up of Participants Post-discontinuation of Study Intervention:

After study intervention discontinuation, all participants will undergo an EoT visit (30 [+ 7] days after their last dose of all study interventions) and will be followed up for safety assessments 90 (± 7) days after their last dose of study intervention (ie, the safety follow-up visit).

Participants who have discontinued study intervention in the absence of RECIST 1.1-defined radiological progression by Investigator assessment will be followed up with tumor assessments according to the SoA until RECIST 1.1-defined disease progression (plus an additional follow-up scan) or death regardless of whether or not the participant started a subsequent anticancer therapy, unless they have withdrawn all consent to study-related assessments.

In addition, all participants will be followed up for survival status every 12 weeks (± 14 days) from the safety follow-up visit until death, withdrawal of consent, or the end of the study, as per the SoA.