

A Randomized, Open-label, Phase 3 study of the Combination of Ibrutinib plus Venetoclax versus Chlorambucil plus Obinutuzumab for the First-line Treatment of Subjects with Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL)

Estado
Fin Reclutamiento

Tipo de Participantes
No aportado

Rangos de Edad
Mayores de 64 , Adultos (18-64 años)

Género
Ambos

Fases
Fase III

Participantes esperados
54

Resultados
Sin resultados

Bajo nivel intervención
No

Enfermedad rara
No

Cobertura geográfica
Sin determinar

Ámbitos del ensayo
tratamiento, seguridad, eficacia,
farmacocinética

Terapia avanzada
NO

Información

Identificador
2023-503469-49-00 (CTIS)

Cod. Protocolo
54179060CLL3011

Transicionado 2017-004699-77

Área terapéutica
Enfermedades [C] - Cáncer [C04]

Enfermedad investigada
Chronic Lymphocytic Leukemia (CLL), Small Lymphocytic Lymphoma (SLL)

Título Científico
A Randomized, Open-label, Phase 3 study of the Combination of Ibrutinib plus Venetoclax versus Chlorambucil plus Obinutuzumab for the First-line Treatment of Subjects with Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic

Lymphoma (SLL)

Justificación

No aportado

Objetivo Principal

To assess progression-free survival (PFS) from treatment with ibrutinib plus venetoclax (I+VEN) compared with obinutuzumab plus chlorambucil (G-Clb) as assessed by an Independent Review Committee (IRC)

Variables de Evaluación Primaria

Progression-free survival (PFS) as assessed by an Independent Review Committee (IRC)

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

No aportado

Variables de Evaluación Secundaria

No aportado

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

Adult subjects who are: a. 65 years old or, b. 18 to 64 years old and have at least 1 of the following: - Cumulative Illness Rating Scale (CIRS) score >6 - Creatinine clearance (CrCl) estimated <70 mL/min using Cockcroft-Gault equation Diagnosis of CLL or SLL that meets iwCLL criteria Active CLL/SLL requiring treatment per the iwCLL criteria: a. Evidence of progressive marrow failure as manifested by the development of, or worsening of, anemia or thrombocytopenia or both; b. Massive (ie, at least 6 cm below the left costal margin) or progressive or symptomatic splenomegaly; c. Massive nodes (ie, at least 10 cm in longest diameter) or progressive or symptomatic

lymphadenopathy; d. Progressive lymphocytosis with an increase of more than 50% over a 2-month period or lymphocyte doubling time of less than six months; e. Constitutional symptoms, defined as 1 or more of the following: - Unintentional weight loss 10% within the previous 6 months prior to the start of screening; - Significant fatigue (inability to work or perform usual activities); - Fevers higher than 100.5°F or 38.0°C for 2 or more weeks without evidence of infection; - Night sweats for more than 1 month without evidence of infection Measurable nodal disease (by computed tomography [CT]), defined as at least one lymph node >1.5 cm in longest diameter ECOG Performance Status Grade 2 Adequate organ function defined as follows: a. Absolute neutrophil count (ANC) 750 cells/L independent of growth factor support; b. Platelets 50,000 cells/L independent of transfusion support for at least 7 days prior to randomization; c. Hemoglobin >8.0 g/dL independent of transfusion support for at least 7 days prior to randomization; d. Alanine aminotransferase (ALT) and aspartate aminotransferase (AST) 3.0 x upper limit of normal (ULN); e. Total bilirubin 1.5 x ULN (unless due to Gilbert's syndrome); f. Estimated CrCl 30 mL/min (Cockcroft-Gault equation)

Criterios de Exclusión

Prior anti-leukemic therapy for CLL or SLL Received live, attenuated vaccine within 4 weeks of randomization History of renal, neurologic, psychiatric, endocrinologic, metabolic, immunologic, or hepatic condition that in the opinion of the investigator would adversely affect a subject's participation in the study Currently active, clinically significant Child-Pugh Class B or C hepatic impairment according to the Child Pugh classification Uncontrolled active systemic infection or any life-threatening illness, medical condition, or organ system dysfunction which, in the investigator's opinion, could compromise the subject's safety or put the study outcomes at undue risk Inability or difficulty swallowing capsules/tablets, malabsorption syndrome, or any disease or medical condition significantly affecting gastrointestinal function Presence of del17p or known TP53 mutation detected at a threshold of >10% variable allele frequency (VAF) Major surgery within 4 weeks of first dose of study treatment Known bleeding disorders (eg, von Willebrand's disease or hemophilia) Central nervous system (CNS) involvement or suspected Richter's syndrome An individual organ/system impairment score of 4 as assessed by CIRS, except for the eyes, ears, nose, throat, and larynx system, limiting the ability to receive treatment in this study Uncontrolled autoimmune hemolytic anemia or autoimmune thrombocytopenia (Coombs positivity in the absence of hemolysis is not an exclusion) Chronic use of corticosteroids more than 20 mg/day of prednisone or its equivalent within 7 days of initiation of study treatment History of prior malignancy, except: a. Malignancy treated with curative intent and with no known active disease present for 24 months before randomization; b. Adequately treated non-melanoma skin cancer or lentigo maligna without evidence of disease; c. Adequately treated cervical carcinoma in situ without evidence of disease; d. Malignancy, which is considered cured with minimal risk of recurrence

Calendario

(Última actualización: 04/12/2025)

Autorización 29/03/2018	Inicio de Ensayo 17/04/2018	Inclusión Primer Paciente 19/04/2018	Interrumpido No aportado	Reiniciado No aportado
Fin de reclutamiento 16/01/2019	Fin prematuro (España) No aportado	Fin prematuro (Global) No aportado	Fin del ensayo en España No aportado	Fin del ensayo global No aportado

Promotor

Janssen - Cilag International Belgium

Turnhoutseweg 30

Contact Person

CTIS Point of Contact

+31717996133

CTISadmin@its.jnj.com

Monetary support: N/A

Tipo de promotor: Comercial

Ceim

CEIm de la Comunidad Foral de Navarra

C/ Irunlarrea, 3 31008 Pamplona

ceic@cfnavarra.es

Centros

Cerrado (19/06/2019)	CLINICA UNIVERSIDAD DE NAVARRA Pamplona/Iruña NAVARRA Servicio de Hematología
Cerrado (25/11/2022)	Hospital Clínic de Barcelona Barcelona BARCELONA Servicio de Hematología
Activo (28/11/2018)	HOSPITAL DE LA SANTA CREU I SANT PAU Barcelona BARCELONA
No iniciado (---/---/----	Hospital De La Santa Creu I Sant Pau Barcelona BARCELONA Hematology
No iniciado (---/---/----	Hospital General Universitario Gregorio Marañon Madrid MADRID Hematology
Activo (04/06/2018)	HOSPITAL GENERAL UNIVERSITARIO GREGORIO MARAÑÓN Madrid MADRID Hematología
Activo (18/06/2018)	HOSPITAL RAMÓN Y CAJAL Madrid MADRID Hematología
Cerrado (24/01/2022)	Hospital Universitari Vall d'Hebron Barcelona BARCELONA Servicio de Hematología

Activo (25/05/2018)

HOSPITAL UNIVERSITARIO DE LA PRINCESA

Madrid

MADRID

Servicio de Hematología

No iniciado (---/---/----)

Hospital Universitario De La Princesa

Madrid

MADRID

Hematology

Cerrado (28/06/2019)

HOSPITAL UNIVERSITARIO DE SALAMANCA

Salamanca

SALAMANCA

Servicio de Hematología

Cerrado (07/08/2019)

HOSPITAL UNIVERSITARIO FUNDACIÓN JIMÉNEZ DÍAZ

Madrid

MADRID

Servicio de Hematología

Activo (07/05/2018)

HOSPITAL UNIVERSITARIO INFANTA LEONOR

Madrid

MADRID

Servicio de Hematología

No iniciado (---/---/----)

Hospital Universitario Infanta Leonor

Madrid

MADRID

Hematology

No iniciado (---/---/----)

Hospital Universitario Ramon Y Cajal

Madrid

MADRID

UTMO (Unidad de trasplante de médula & sea)

Activo (17/05/2018)

HOSPITAL VIRGEN DEL ROCÍO

Sevilla

SEVILLA

Servicio de Hematología

No iniciado (---/---/---)

University Hospital Virgen Del Rocio
S.L.

Sevilla

SEVILLA

Unidad de Ensayos Clínicos, Edificio de
laboratorios

Medicamentos

Ibrutinib - capsule - 140 mg

CAPSULE

ORAL USE

Principios Activos: N/A

Experimental

Sin resultados

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State
End of recruitment

Type of participants
Not provided

Age Ranges
Older than 64 , Adults (18-64 years)

Gender
Both

Phases
Phase III

Expected Participants
54

Results
No results

Low level of intervention
No

Rare disease
No

Geographic coverage
Undetermined

Areas of the study
treatment, safety, effectiveness,
pharmacokinetics

Advanced therapy
NO

Information

Identifier
2023-503469-49-00 (CTIS)

Protocol Code
54179060CLL3011

Transitioned 2017-004699-77

Therapeutic area
Diseases [C] - Cancer [C04]

Investigated Disease
Chronic Lymphocytic Leukemia (CLL), Small Lymphocytic Lymphoma (SLL)

Scientific Title
A Randomized, Open-label, Phase 3 study of the Combination of Ibrutinib plus Venetoclax versus Chlorambucil plus Obinutuzumab for the First-line Treatment of Subjects with Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic

Lymphoma (SLL)

Rationale

Not provided

Main Objective

To assess progression-free survival (PFS) from treatment with ibrutinib plus venetoclax (I+VEN) compared with obinutuzumab plus chlorambucil (G-Clb) as assessed by an Independent Review Committee (IRC)

Primary Endpoints

Progression-free survival (PFS) as assessed by an Independent Review Committee (IRC)

Temporary moments of secondary assessment

Not provided

Secondary Objective

Not provided

Secondary Endpoints

Not provided

Temporary moments of secondary assessment

Not provided

Inclusion criteria

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lymphadenopathy; d. Progressive lymphocytosis with an increase of more than 50% over a 2-month period or lymphocyte doubling time of less than six months; e. Constitutional symptoms, defined as 1 or more of the following: - Unintentional weight loss 10% within the previous 6 months prior to the start of screening; - Significant fatigue (inability to work or perform usual activities); - Fevers higher than 100.5°F or 38.0°C for 2 or more weeks without evidence of infection; - Night sweats for more than 1 month without evidence of infection Measurable nodal disease (by computed tomography [CT]), defined as at least one lymph node >1.5 cm in longest diameter ECOG Performance Status Grade 2 Adequate organ function defined as follows: a. Absolute neutrophil count (ANC) 750 cells/L independent of growth factor support; b. Platelets 50,000 cells/L independent of transfusion support for at least 7 days prior to randomization; c. Hemoglobin >8.0 g/dL independent of transfusion support for at least 7 days prior to randomization; d. Alanine aminotransferase (ALT) and aspartate aminotransferase (AST) 3.0 x upper limit of normal (ULN); e. Total bilirubin 1.5 x ULN (unless due to Gilbert's syndrome); f. Estimated CrCl 30 mL/min (Cockcroft-Gault equation)

Exclusion criteria

Prior anti-leukemic therapy for CLL or SLL Received live, attenuated vaccine within 4 weeks of randomization History of renal, neurologic, psychiatric, endocrinologic, metabolic, immunologic, or hepatic condition that in the opinion of the investigator would adversely affect a subject's participation in the study Currently active, clinically significant Child-Pugh Class B or C hepatic impairment according to the Child Pugh classification Uncontrolled active systemic infection or any life-threatening illness, medical condition, or organ system dysfunction which, in the investigator's opinion, could compromise the subject's safety or put the study outcomes at undue risk Inability or difficulty swallowing capsules/tablets, malabsorption syndrome, or any disease or medical condition significantly affecting gastrointestinal function Presence of del17p or known TP53 mutation detected at a threshold of >10% variable allele frequency (VAF) Major surgery within 4 weeks of first dose of study treatment Known bleeding disorders (eg, von Willebrand's disease or hemophilia) Central nervous system (CNS) involvement or suspected Richter's syndrome An individual organ/system impairment score of 4 as assessed by CIRS, except for the eyes, ears, nose, throat, and larynx system, limiting the ability to receive treatment in this study Uncontrolled autoimmune hemolytic anemia or autoimmune thrombocytopenia (Coombs positivity in the absence of hemolysis is not an exclusion) Chronic use of corticosteroids more than 20 mg/day of prednisone or its equivalent within 7 days of initiation of study treatment History of prior malignancy, except: a. Malignancy treated with curative intent and with no known active disease present for 24 months before randomization; b. Adequately treated non-melanoma skin cancer or lentigo maligna without evidence of disease; c. Adequately treated cervical carcinoma in situ without evidence of disease; d. Malignancy, which is considered cured with minimal risk of recurrence

Calendar

(Last Update: 04/12/2025)

Authorization 29/03/2018	Start of Trial 17/04/2018	First patient inclusion 19/04/2018	Halted Not aported	Restarted Not aported
End of recruitment 16/01/2019	Premature end (Spain) Not aported	Premature End (Global) Not aported	Trial end (Spain) Not aported	Trial end (Global) Not aported

Sponsor

Janssen - Cilag International Belgium

Turnhoutseweg 30

Contact Person

CTIS Point of Contact

+31717996133

CTISadmin@its.jnj.com

Monetary support: N/A

Sponsor type: Commercial

Ceim

CEIm de la Comunidad Foral de Navarra

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Sites

Closed (19/06/2019)	CLINICA UNIVERSIDAD DE NAVARRA Pamplona/Iruña NAVARRA Servicio de Hematología
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not initialized (---/---/----)

Hospital Universitario De La Princesa

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Hematology

Closed (28/06/2019)

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Salamanca

SALAMANCA

Servicio de Hematología

Closed (07/08/2019)

HOSPITAL UNIVERSITARIO FUNDACIÓN JIMÉNEZ DÍAZ

Madrid

MADRID

Servicio de Hematología

Active (07/05/2018)

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Madrid

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Servicio de Hematología

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Madrid

MADRID

Hematology

not initialized (---/---/----)

Hospital Universitario Ramon Y Cajal

Madrid

MADRID

UTMO (Unidad de trasplante de médula & sea)

Active (17/05/2018)

HOSPITAL VIRGEN DEL ROCÍO

Sevilla

SEVILLA

Servicio de Hematología

Medication

CAPSULE
ORAL USE

Active Principles: N/A

Experimental

No results