

A Global Multicenter, Open Label, Randomized Phase 3 Registrational Study of Lisoftoclax (APG-2575) in Previously Treated Patients with Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (GLORA Study)

Estado
Reclutando

Tipo de Participantes
No aportado

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

Género
Ambos

Fases
Fase III

Participantes esperados
223

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
2023-508005-24-00 (CTIS)

Cod. Protocolo
APG2575CG301

Área terapéutica
Enfermedades [C] - Hematología [C15]

Enfermedad investigada
Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma

Título Científico
A Global Multicenter, Open Label, Randomized Phase 3 Registrational Study of Lisoftoclax (APG-2575) in Previously Treated Patients with Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (GLORA Study)

Justificación

No aportado

Objetivo Principal

To evaluate the progression-free survival (PFS) of lisaftoclax in combination with a BTKi compared with BTKi monotherapy in CLL/SLL patients previously treated with a BTKi, as determined by independent radiological review committee (IRC) using the iwCLL guidelines (Hallek M et al 2018).

Variables de Evaluación Primaria

PFS assessed by IRC defined as the time from randomization to the first occurrence of progression or relapse using the iwCLL guidelines (Hallek Metal 2018) or death from any cause, whichever occurs first.

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

Key Secondary Objective: To evaluate overall survival (OS) of lisaftoclax in combination with a BTKi versus BTKi monotherapy.

To determine efficacy of lisaftoclax plus a BTKi, compared with BTKi monotherapy by additional outcome measures including PFS by investigators, ORR rate, CR/CRi rate, DoR, uMRD rate.

To evaluate safety of lisaftoclax plus a BTKi, versus BTKi monotherapy.

To characterize the population pharmacokinetics of lisaftoclax.

To evaluate Patient-Reported Outcome (PRO) measures of lisaftoclax plus a BTKi versus BTKi monotherapy based on EORTC QLQ-C30.

To evaluate Health Economics Outcomes Research (HEOR) measures of lisaftoclax plus BTKi versus BTKi monotherapy based on Europol 5 Dimension (EQ-5D-5L) (Rabin and Charro 2001).

Variables de Evaluación Secundaria

Key secondary endpoint: Overall survival (OS) defined as the time from randomization to the time of death from any cause.

Other secondary efficacy endpoints: PFS assessed by investigator is defined as the time from randomization to the first occurrence of progression or relapse using the iwCLL guidelines (Hallek Metal 2018) or death from any cause, whichever occurs first.

Other secondary efficacy endpoints: Overall response rate (ORR) is defined as the proportion of patients with complete response (CR), complete response with incomplete recovery (CRi) and partial repose (PR).

Other secondary efficacy endpoints: Proportion of patients with CR/CRi.

Other secondary efficacy endpoints: Duration of Response.

Other secondary efficacy endpoints: Proportion of patients with undetectable minimal residual disease.

Safety endpoints: Incidence and severity of adverse events, serious adverse events and changes in laboratory results, including hematology and biochemistry, during and within 30 days of treatment discontinuation.

Safety endpoints: Incidence of adverse events of interest, including atrial fibrillation and tumor lysis syndrome.

Pharmacokinetics endpoint: Population PK analysis.

Patient-Reported Outcome (PRO) Measures endpoint: The PRO outcome measures will evaluate the European Organization for Research and Treatment of Cancer (EORTC), Quality of Life Questionnaire Core-30 (QLQ-C30) and associated CLL module (QLQ-CLL17).

Health Economics and Outcomes Research (HEOR) endpoint: A EuroQoL5-Dimension (EQ-5D-5L) questionnaire will be used

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

Aged 18 years. Patients that have documented CLL/SLL who meet iwCLL 2018 criteria for CLL treatment guidelines are eligible. Received a BTKi (acalabrutinib, ibrutinib, or zanubrutinib) monotherapy as 1st, 2nd, or 3rd line therapy for 12 months and have best response as either a or b: a. Stable disease b. PR with any of the following baseline risk factors: Lymph node(s) diameter 2.5 cm, ALC 25×10^9 /L Have 1 high-risk factor(s) (del17p/p53mut, unmutated IGHV, complex karyotype 5 factors (3 chromosomal abnormalities and 1 biological/structural aberrations). ECOG performance status 0-2. Adequate bone marrow function independent of growth factor or transfusion support within 2 weeks of randomization as follows: Absolute neutrophil count 1.0×10^9 /L Platelet counts 75×10^9 /L; in cases of thrombocytopenia Total hemoglobin 9 g/dL -. Adequate renal function Creatinine clearance must be > 50 ml/min directly measured with 24hr urine collection or calculated according to the modified formula of Cockcroft and Gault (for men: $GFR ((140 \text{ age}) \times \text{actual bodyweight}) / (72 \times \text{creatinine})$, for women $\times 0.85$) or an equally accurate method. Adequate liver function as indicated by: Total bilirubin $1.5 \times$ ULN, except patients with known Gilberts Syndrome Aspartate aminotransferase (AST) $2.5 \times$ the institutional ULN value Alanine aminotransferase (ALT) $2.5 \times$ the institutional ULN value, International Normalized Ratio (INR), Prothrombin Time (PT) or Activated Partial Thromboplastin time (APTT) $1.5 \times$ ULN. Ability and willingness to provide written informed consent and to adhere to the study visit schedule and other protocol requirements.

Criterios de Exclusión

Achieved complete response (CR) or CRi status or disease progression while on BTKi (acalabrutinib, ibrutinib, zanubrutinib) monotherapy prior to study entry. Continuance of toxicities due to prior radiotherapy or chemotherapy agents that have not recovered to grade 1 or baseline, except alopecia or neuropathy. Failure to recover, as judged by the investigator, from prior surgical procedures. Patients with active wound healing, patients who have had major surgery within 28 days and minor surgery such as a biopsy within 14 days from first dose of study drug. QTcF interval 480ms or other remarkable abnormality of ECG, including second-degree type II atrioventricular block, third-degree atrioventricular block, or bradycardia (ventricular rate consistently less than 50 beats per minute). Underlying clinically significant cardiovascular disease such as: symptomatic arrhythmias, congestive heart failure, or myocardial infarction within 6 months of screening or any cardiovascular disability status of New York Heart Association Class 2. Known hypersensitivity to any active substance or to any of the excipients of one of the drugs used in the trial. Uncontrolled medical condition (e.g., diabetes). Known to have central nervous system (CNS) involvement. Prior malignancy within 2 years of treatment that required radiotherapy, or systemic therapy. Patients treated with strong CYP3A4 inhibitors/inducers (patients can be washed out allowing 5 half-lives prior to study treatment and/or switched to non-prohibited drug. History of stroke or intracranial hemorrhage within 3 months prior to registration for study screening or known bleeding disorders. Transformation of CLL to Richters condition. Use of investigational agents

which might interfere with the study drug within 28 days prior to registration for study screening. Vaccination with live vaccines within 14 days prior to screening (30 days for patients in Czech Republic). Active infection requiring systemic antibiotic/antifungal medication, known clinically active hepatitis B or C, or HIV, HCV infection or active COVID-19. (Patients who have received COVID-19 vaccination will be considered as eligible for the study.) (For patients from the Czech Republic, HBV, HCV and HIV testing is mandated at screening for these criteria to be met). Pregnant women and nursing mothers (a negative pregnancy test is required for all women of childbearing potential within 7 days before start of study treatment; further pregnancy testing will be performed monthly). Fertile men or women of childbearing potential unless: surgically sterile or 2 years after the onset of menopause or willing to use two methods of reliable contraception including one highly effective contraceptive method (Pearl Index <1) and one additional effective (barrier) method during study treatment and for 3 months after the end of study treatment. Prior treatment with venetoclax or other Bcl-2 inhibitors. An individual organ/system impairment score of 4 as assessed by the cumulative illness rating scale (CIRS) definition limiting the ability to receive the study treatment, or any other life-threatening illness, medical condition, or organ system dysfunction that, in the investigator's opinion, could compromise the patients safety or interfere with the absorption or metabolism of the study drugs (e.g., inability to swallow tablets or impaired resorption in the gastrointestinal tract). Patients receiving acalabrutinib capsule-based therapy (not tablet) who require treatment with proton pump inhibitors (e.g, omeprazole esomeprazole, lansoprazole etc,) at study entry. (Patients receiving proton pump inhibitors who switch to H2 receptors antagonists or antacids are eligible for enrollment). Patients who require or are receiving anticoagulation therapy with warfarin or equivalent vitamin K antagonists within 7 days of first dose of the study drug(s). Patients who are pregnant or breastfeeding. Has received the following within 7 days prior to the first dose of study drug: Steroid therapy at a dose greater than prednisone 20 mg daily (or equivalent) for anti-neoplastic intent. CYP3A inhibitors such as fluconazole, ketoconazole, and clarithromycin or potent CYP3A inducers such as rifampin, carbamazepine, phenytoin, and St. Johns wort. Radiation within 14 days of study entry.

Calendario

(Última actualización: 19/12/2025)

Autorización 16/05/2024	Inicio de Ensayo 17/09/2024	Inclusión Primer Paciente 27/12/2024	Interrumpido No aportado	Reiniciado No aportado
Fin de reclutamiento No aportado	Fin prematuro (España) No aportado	Fin prematuro (Global) No aportado	Fin del ensayo en España No aportado	Fin del ensayo global No aportado

Promotor

Ascentage Pharma Group Inc. United States

700 King Farm Boulevard

Contact Person

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Monetary support: N/A

Tipo de promotor: Comercial

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Centros

Activo (26/11/2024)	Hospital Arnau De Vilanova De Valencia Valencia VALENCIA Hematology	Hospital De La Santa Creu I Sant Pau Barcelona BARCELONA Hematology
Activo (13/03/2025)	Hospital Del Mar Barcelona BARCELONA Hematology	Hospital General Universitario Gregorio Maranon Madrid MADRID Hematology
Activo (27/09/2024)	Hospital Son Llatzer Palma BALEARES Hematology	Hospital Universitari Vall D Hebron Barcelona BARCELONA Hematology
Activo (10/10/2024)	Hospital Universitario De La Princesa Madrid MADRID Hematology	Hospital Universitario Marques De Valdecilla Santander CANTABRIA Hematology

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

Hospital Universitario 12 De Octubre

Madrid

MADRID

Hematology

Activo (18/09/2024)

University Hospital Son Espases

Palma

BALEARES

Hematology

Medicamentos

Calquence 100 mg film-coated tablets

FILM-COATED TABLET

ORAL USE

Código ATC: L01EL02 - ACALABRUTINIB

Principios Activos: N/A

Huérfano

Experimental

Lisaftoclax

TABLET

ORAL USE

Principios Activos: N/A

Experimental

IMBRUVICA 140 mg hard capsules

CAPSULE, HARD

ORAL USE

Código ATC: L01EL01 - IBRUTINIB

Principios Activos: N/A

Experimental

Calquence 100 mg hard capsules

CAPSULE, HARD

ORAL USE

Código ATC: L01EL02 - ACALABRUTINIB

Principios Activos: N/A

Huérfano

Experimental

Calquence 100 mg hard capsules

CAPSULE, HARD

ORAL USE

Código ATC: L01EL02 - ACALABRUTINIB

Principios Activos: N/A

Huérfano

Experimental

Lisaftoclax

TABLET

OTHER USE

Principios Activos: N/A

Experimental

IMBRUVICA 140 mg film-coated tablets

FILM-COATED TABLET

ORAL USE

Código ATC: L01EL01 - IBRUTINIB

Principios Activos: N/A

Experimental

Calquence 100 mg film-coated tablets

FILM-COATED TABLET

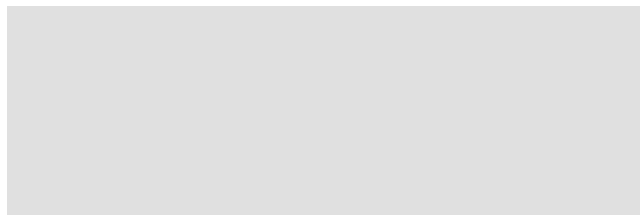
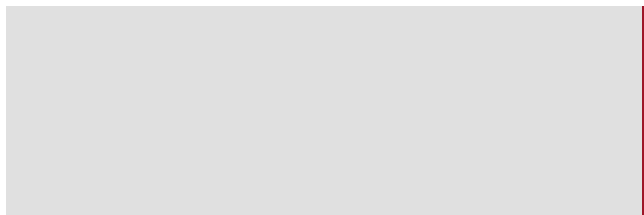
ORAL USE

Código ATC: L01EL02 - ACALABRUTINIB

Principios Activos: N/A

Huérfano

Experimental



Lisaftoclax

TABLET
ORAL USE

Principios Activos: N/A

Experimental

IMBRUVICA 140 mg hard capsules

CAPSULE, HARD
ORAL USE

Código ATC: L01EL01 - IBRUTINIB

Principios Activos: N/A

Experimental

BRUKINSA 80 mg hard capsules

CAPSULE, HARD
ORAL USE

Código ATC: L01EL03 - ZANUBRUTINIB

Principios Activos: N/A

Experimental

IMBRUVICA 140 mg film-coated tablets

FILM-COATED TABLET
ORAL USE

Código ATC: L01EL01 - IBRUTINIB

Principios Activos: N/A

Experimental

Sin resultados

A Global Multicenter, Open Label, Randomized Phase 3 Registrational Study of Lisafoclax (APG-2575) in Previously Treated Patients with Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (GLORA Study)

State
Recruiting

Type of participants
Not provided

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

Gender
Both

Phases
Phase III

Expected Participants
223

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
2023-508005-24-00 (CTIS)

Protocol Code
APG2575CG301

Therapeutic area
Diseases [C] - Hemic and Lymphatic Diseases [C15]

Investigated Disease
Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma

Scientific Title
A Global Multicenter, Open Label, Randomized Phase 3 Registrational Study of Lisafoclax (APG-2575) in Previously Treated Patients with Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (GLORA Study)

Rationale

Not provided

Main Objective

To evaluate the progression-free survival (PFS) of lisaftoclax in combination with a BTKi compared with BTKi monotherapy in CLL/SLL patients previously treated with a BTKi, as determined by independent radiological review committee (IRC) using the iwCLL guidelines (Hallek M et al 2018).

Primary Endpoints

PFS assessed by IRC defined as the time from randomization to the first occurrence of progression or relapse using the iwCLL guidelines (Hallek Metal 2018) or death from any cause, whichever occurs first.

Temporary moments of secondary assessment

Not provided

Secondary Objective

Key Secondary Objective: To evaluate overall survival (OS) of lisaftoclax in combination with a BTKi versus BTKi monotherapy.

To determine efficacy of lisaftoclax plus a BTKi, compared with BTKi monotherapy by additional outcome measures including PFS by investigators, ORR rate, CR/CRi rate, DoR, uMRD rate.

To evaluate safety of lisaftoclax plus a BTKi, versus BTKi monotherapy.

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To evaluate Patient-Reported Outcome (PRO) measures of lisaftoclax plus a BTKi versus BTKi monotherapy based on EORTC QLQ-C30.

To evaluate Health Economics Outcomes Research (HEOR) measures of lisaftoclax plus BTKi versus BTKi monotherapy based on Europol 5 Dimension (EQ-5D-5L) (Rabin and Charro 2001).

Secondary Endpoints

Key secondary endpoint: Overall survival (OS) defined as the time from randomization to the time of death from any cause.

Other secondary efficacy endpoints: PFS assessed by investigator is defined as the time from randomization to the first occurrence of progression or relapse using the iwCLL guidelines (Hallek Metal 2018) or death from any cause, whichever occurs first.

Other secondary efficacy endpoints: Overall response rate (ORR) is defined as the proportion of patients with complete response (CR), complete response with incomplete recovery (CRi) and partial repose (PR).

Other secondary efficacy endpoints: Proportion of patients with CR/CRi.

Other secondary efficacy endpoints: Duration of Response.

Other secondary efficacy endpoints: Proportion of patients with undetectable minimal residual disease.

Safety endpoints: Incidence and severity of adverse events, serious adverse events and changes in laboratory results, including hematology and biochemistry, during and within 30 days of treatment discontinuation.

Safety endpoints: Incidence of adverse events of interest, including atrial fibrillation and tumor lysis syndrome.

Pharmacokinetics endpoint: Population PK analysis.

Patient-Reported Outcome (PRO) Measures endpoint: The PRO outcome measures will evaluate the European Organization for Research and Treatment of Cancer (EORTC), Quality of Life Questionnaire Core-30 (QLQ-C30) and associated CLL module (QLQ-CLL17).

Health Economics and Outcomes Research (HEOR) endpoint: A EuroQoL5-Dimension (EQ-5D-5L) questionnaire will be used

Temporary moments of secondary assessment

Not provided

Inclusion criteria

Aged 18 years. Patients that have documented CLL/SLL who meet iwCLL 2018 criteria for CLL treatment guidelines are eligible. Received a BTKi (acalabrutinib, ibrutinib, or zanubrutinib) monotherapy as 1st, 2nd, or 3rd line therapy for 12 months and have best response as either a or b: a. Stable disease b. PR with any of the following baseline risk factors: Lymph node(s) diameter 2.5 cm, ALC 25×10^9 /L Have 1 high-risk factor(s) (del17p/p53mut, unmutated IGHV, complex karyotype 5 factors (3 chromosomal abnormalities and 1 biological/structural aberrations). ECOG performance status 0-2. Adequate bone marrow function independent of growth factor or transfusion support within 2 weeks of randomization as follows: Absolute neutrophil count 1.0×10^9 /L Platelet counts 75×10^9 /L; in cases of thrombocytopenia Total hemoglobin 9 g/dL -. Adequate renal function Creatinine clearance must be > 50 ml/min directly measured with 24hr urine collection or calculated according to the modified formula of Cockcroft and Gault (for men: $GFR ((140 \text{ age}) \times \text{actual bodyweight}) / (72 \times \text{creatinine})$, for women $\times 0.85$) or an equally accurate method. Adequate liver function as indicated by: Total bilirubin $1.5 \times$ ULN, except patients with known Gilberts Syndrome Aspartate aminotransferase (AST) $2.5 \times$ the institutional ULN value Alanine aminotransferase (ALT) $2.5 \times$ the institutional ULN value, International Normalized Ratio (INR), Prothrombin Time (PT) or Activated Partial Thromboplastin time (APTT) $1.5 \times$ ULN. Ability and willingness to provide written informed consent and to adhere to the study visit schedule and other protocol requirements.

Exclusion criteria

Achieved complete response (CR) or CRi status or disease progression while on BTKi (acalabrutinib, ibrutinib, zanubrutinib) monotherapy prior to study entry. Continuance of toxicities due to prior radiotherapy or chemotherapy agents that have not recovered to grade 1 or baseline, except alopecia or neuropathy. Failure to recover, as judged by the investigator, from prior surgical procedures. Patients with active wound healing, patients who have had major surgery within 28 days and minor surgery such as a biopsy within 14 days from first dose of study drug. QTcF interval 480ms or other remarkable abnormality of ECG, including second-degree type II atrioventricular block, third-degree atrioventricular block, or bradycardia (ventricular rate consistently less than 50 beats per minute). Underlying clinically significant cardiovascular disease such as: symptomatic arrhythmias, congestive heart failure, or myocardial infarction within 6 months of screening or any cardiovascular disability status of New York Heart Association Class 2. Known hypersensitivity to any active substance or to any of the excipients of one of the drugs used in the trial. Uncontrolled medical condition (e.g., diabetes). Known to have central nervous system (CNS) involvement. Prior malignancy within 2 years of treatment that required radiotherapy, or systemic therapy. Patients treated with strong CYP3A4 inhibitors/inducers (patients can be washed out allowing 5 half-lives prior to study treatment and/or switched to non-prohibited drug. History of stroke or intracranial hemorrhage within 3 months prior to registration for study screening or known bleeding disorders. Transformation of CLL to Richters condition. Use of investigational agents

which might interfere with the study drug within 28 days prior to registration for study screening. Vaccination with live vaccines within 14 days prior to screening (30 days for patients in Czech Republic). Active infection requiring systemic antibiotic/antifungal medication, known clinically active hepatitis B or C, or HIV, HCV infection or active COVID-19. (Patients who have received COVID-19 vaccination will be considered as eligible for the study.) (For patients from the Czech Republic, HBV, HCV and HIV testing is mandated at screening for these criteria to be met). Pregnant women and nursing mothers (a negative pregnancy test is required for all women of childbearing potential within 7 days before start of study treatment; further pregnancy testing will be performed monthly). Fertile men or women of childbearing potential unless: surgically sterile or 2 years after the onset of menopause or willing to use two methods of reliable contraception including one highly effective contraceptive method (Pearl Index <1) and one additional effective (barrier) method during study treatment and for 3 months after the end of study treatment. Prior treatment with venetoclax or other Bcl-2 inhibitors. An individual organ/system impairment score of 4 as assessed by the cumulative illness rating scale (CIRS) definition limiting the ability to receive the study treatment, or any other life-threatening illness, medical condition, or organ system dysfunction that, in the investigator's opinion, could compromise the patients safety or interfere with the absorption or metabolism of the study drugs (e.g., inability to swallow tablets or impaired resorption in the gastrointestinal tract). Patients receiving acalabrutinib capsule-based therapy (not tablet) who require treatment with proton pump inhibitors (e.g, omeprazole esomeprazole, lansoprazole etc,) at study entry. (Patients receiving proton pump inhibitors who switch to H2 receptors antagonists or antacids are eligible for enrollment). Patients who require or are receiving anticoagulation therapy with warfarin or equivalent vitamin K antagonists within 7 days of first dose of the study drug(s). Patients who are pregnant or breastfeeding. Has received the following within 7 days prior to the first dose of study drug: Steroid therapy at a dose greater than prednisone 20 mg daily (or equivalent) for anti-neoplastic intent. CYP3A inhibitors such as fluconazole, ketoconazole, and clarithromycin or potent CYP3A inducers such as rifampin, carbamazepine, phenytoin, and St. Johns wort. Radiation within 14 days of study entry.

Calendar

(Last Update: 19/12/2025)

Authorization 16/05/2024	Start of Trial 17/09/2024	First patient inclusion 27/12/2024	Halted Not aported	Restarted Not aported
End of recruitment Not aported	Premature end (Spain) Not aported	Premature End (Global) Not aported	Trial end (Spain) Not aported	Trial end (Global) Not aported

Sponsor

Ascentage Pharma Group Inc. United States

700 King Farm Boulevard

Contact Person

Yifan Zhai, M.D., Ph.D.

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yzhai@ascentage.com

Monetary support: N/A

Sponsor type: Commercial

Ceim

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ceimsantpau@santpau.cat

935537813

Sites

Active (26/11/2024)	Hospital Arnau De Vilanova De Valencia Valencia VALENCIA Hematology	not initialized (---/---/----)	Hospital De La Santa Creu I Sant Pau Barcelona BARCELONA Hematology
Active (13/03/2025)	Hospital Del Mar Barcelona BARCELONA Hematology	not initialized (---/---/----)	Hospital General Universitario Gregorio Maranon Madrid MADRID Hematology
Active (27/09/2024)	Hospital Son Llatzer Palma BALEARES Hematology	Active (25/09/2025)	Hospital Universitari Vall D Hebron Barcelona BARCELONA Hematology
Active (10/10/2024)	Hospital Universitario De La Princesa Madrid MADRID Hematology	Active (04/03/2025)	Hospital Universitario Marques De Valdecilla Santander CANTABRIA Hematology

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

Hospital Universitario 12 De Octubre

Madrid

MADRID

Hematology

Active (18/09/2024)

University Hospital Son Espases

Palma

BALEARES

Hematology

Medication

Calquence 100 mg film-coated tablets

FILM-COATED TABLET
ORAL USE

ATC code: L01EL02 - ACALABRUTINIB

Active Principles: N/A

Orphan

Experimental

Lisaftoclax

TABLET
ORAL USE

Active Principles: N/A

Experimental

IMBRUVICA 140 mg hard capsules

CAPSULE, HARD
ORAL USE

ATC code: L01EL01 - IBRUTINIB

Active Principles: N/A

Experimental

Calquence 100 mg hard capsules

CAPSULE, HARD
ORAL USE

ATC code: L01EL02 - ACALABRUTINIB

Active Principles: N/A

Orphan

Experimental

Calquence 100 mg hard capsules

CAPSULE, HARD
ORAL USE

ATC code: L01EL02 - ACALABRUTINIB

Active Principles: N/A

Orphan

Experimental

Lisaftoclax

TABLET
OTHER USE

Active Principles: N/A

Experimental

IMBRUVICA 140 mg film-coated tablets

FILM-COATED TABLET
ORAL USE

ATC code: L01EL01 - IBRUTINIB

Active Principles: N/A

Experimental

Calquence 100 mg film-coated tablets

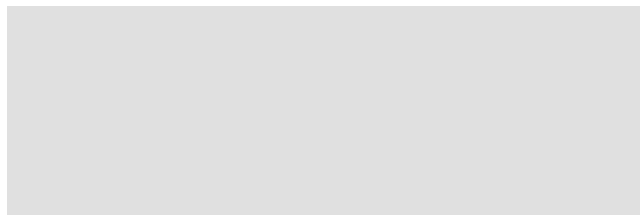
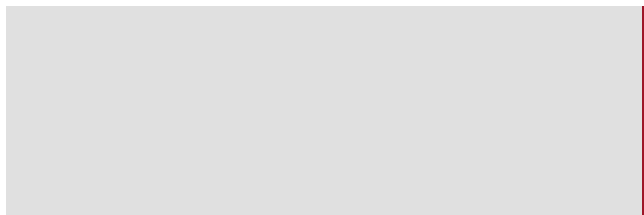
FILM-COATED TABLET
ORAL USE

ATC code: L01EL02 - ACALABRUTINIB

Active Principles: N/A

Orphan

Experimental



Lisaftoclax

TABLET
ORAL USE

Active Principles: N/A

Experimental

IMBRUVICA 140 mg hard capsules

CAPSULE, HARD
ORAL USE

ATC code: L01EL01 - IBRUTINIB

Active Principles: N/A

Experimental

BRUKINSA 80 mg hard capsules

CAPSULE, HARD
ORAL USE

ATC code: L01EL03 - ZANUBRUTINIB

Active Principles: N/A

Experimental

IMBRUVICA 140 mg film-coated tablets

FILM-COATED TABLET
ORAL USE

ATC code: L01EL01 - IBRUTINIB

Active Principles: N/A

Experimental

No results