

Study of two doses of crizanlizumab versus placebo in adolescent and adult sickle cell disease patients

Estado Fin Reclutamiento	Tipo de Participantes Sujetos incapaces de otorgar consentimiento	Rangos de Edad Menores de 18 , Mayores de 64 , Adultos (18-64 años) , Adolescentes (12-17 años)
Género Ambos	Fases Fase III	Participantes esperados 109
Resultados Sin resultados	Bajo nivel intervención No	Enfermedad rara Si
Cobertura geográfica Multicéntrico internacional	Ámbitos del ensayo eficacia	Terapia avanzada NO

Información

Identificador

2023-508689-14-00 (CTIS)

Cod. Protocolo

CSEG101A2301

Transicionado 2017-001746-10

Área terapéutica

Enfermedades [C] - Hematología [C15]

Enfermedad investigada

Sickle cell disease

Título Científico

A phase III, Multicenter, Randomized, Double-blind Study to Assess Efficacy and Safety of Two Doses of Crizanlizumab versus placebo, with or without Hydroxyurea/Hydroxycarbamide Therapy, in Adolescent and Adult Sickle Cell Disease Patients with Vaso-Occlusive Crises (STAND)

Justificación

No aportado

Objetivo Principal

To compare the efficacy of 7.5 mg/kg of crizanlizumab versus placebo on the annualized rate of VOC leading to healthcare visit, in addition to standard of care

To compare the efficacy of 5.0 mg/kg of crizanlizumab versus placebo on the annualized rate of VOC leading to healthcare visit, in addition to standard of care

Variables de Evaluación Primaria

Annualized rate of VOC events leading to healthcare visit in each treatment group over the first year post randomization

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

To compare the efficacy of 7.5 mg/kg versus placebo on the annualized rate of all VOCs (managed at home + leading to healthcare visit)

To compare the efficacy of 5.0 mg/kg versus placebo on the annualized rate of all VOCs (managed at home + leading to healthcare visit)

To assess the annualized rate of VOCs managed at home in each group

To assess the time to first and second VOC leading to healthcare visit in each group

To assess rate of participants free from VOC leading to healthcare visit in each group

To assess the duration of VOC leading to healthcare visit in each group

Healthcare resource utilization (visits to clinic, Emergency room (ER) and hospitalizations) in each group

To assess SCD-related renal damage in each group

To characterize the pharmacokinetic (PK) profile of crizanlizumab at 5.0 and 7.5 mg/kg

To characterize the pharmacodynamic (PD) (P-selectin inhibition) of crizanlizumab at 5.0 and 7.5 mg/kg

To assess efficacy, safety and immunogenicity of crizanlizumab over the study period (taking into account potential treatment switch after primary analysis)

Variables de Evaluación Secundaria

Annualized rate of all VOCs leading to healthcare visit and treated at home (based on documentation by health care provider following contact with participant) over the first year post randomization

Annualized rate of VOCs managed at home over the first year post randomization

Duration of VOCs leading to healthcare visit over the first year post randomization
 Number and percentage of participants free from VOCs leading to healthcare visit in each group over the first year post randomization
 The time to first and second VOC calculated respectively as the time from date of randomization until the first and the second VOC leading to healthcare visit over the first year post randomization
 Annualized rate of visits to clinic, Emergency room (ER) and hospitalizations, both overall and VOC-related over the first year post randomization
 Evolution of albuminuria and ACR over the first year post randomization
 PK parameters after the first and fifth dose (e.g., AUC, Cmax, Tmax, half-life)
 PD parameter (P-selectin inhibition) after the first and fifth dose
 Annualized rate of VOCs leading to healthcare visit
 Annualized rate of all VOCs leading to healthcare visit and treated at home
 Annualized rate of VOCs managed at home
 Number, seriousness, severity, and causality assessments of treatment-emergent adverse events, including infections (serious, non-serious and opportunistic infections) and other safety data as considered appropriate
 Absolute change from baseline in hemoglobin
 Growth and sexual maturity assessment in adolescents (Tanner stage)
 Immunogenicity: measurement of anti-drug antibodies (ADA) to crizanlizumab

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

Written informed consent must be obtained prior to any screening procedures Male or female patients aged 12 years and older on the day of signing informed consent. Adolescents include patients aged 12 to 17 years old and adults 18 years Confirmed diagnosis of SCD by Hb electrophoresis or high-performance liquid chromatography (HPLC) (performed locally). All SCD genotypes are eligible, genotyping is not required for study entry. Experienced at least 2 VOCs leading to healthcare visit within the 12 months prior to screening visit as determined by medical history. Prior VOC leading to healthcare visit must resolve at least 7 days prior to Week 1 Day 1 and must include: 1. Pain crisis defined as an acute onset of pain for which there is no other medically determined explanation other than vaso-occlusion 2. which requires a visit to a medical facility and/or healthcare professional, 3. and receipt of oral/parenteral opioids or parenteral nonsteroidal anti-inflammatory drug (NSAID) analgesics Acute chest syndrome (ACS), priapism and hepatic or splenic sequestration will be considered VOC in this study If receiving HU/HC or L-glutamine (local HA approved medicinal product), must have been receiving the drug for at least 6 months and at a stable dose for at least 3 months prior to Screening visit and plan to continue taking it at the same dose and schedule until the subject has reached one year of study treatment. Patients who have not been receiving such drug must not have received it for at least 6 months prior to Screening visit to be included. Patients must have evidence of insufficient control of acute pain, such as at least one VOC leading to healthcare visit while on HU/HC or L-Glutamine treatment. If receiving erythropoietin stimulating agent, must have been receiving the drug for at least 6 months prior to Screening visit and plan to continue taking the treatment to maintain stable Hb levels at least until the subject has reached one year of study treatment Patients must meet the following central laboratory values prior to Week 1 Day 1: Absolute Neutrophil Count $1.0 \times 10^9/L$ Platelet count $75 \times 10^9/L$ Hemoglobin: for adults (Hb) 4.0 g/dL and for adolescents (Hb) 5.5 g/dL Glomerular filtration rate 45 mL/min/1.73 m² using CKD-EPI formula in adults, and Shwartz formula in adolescents Direct (conjugated) bilirubin < 2.0 x ULN Alanine transaminase (ALT) < 3.0 x ULN ECOG performance status 2.0 for adults and Karnofsky 50% for adolescents

Criterios de Exclusión

History of stem cell transplant.

Participating in a chronic transfusion program (pre-planned series of transfusions for prophylactic purposes) and/or planning on undergoing an exchange transfusion during the duration of the study; episodic transfusion in response to worsened anemia or VOC is permitted

Contraindication or hypersensitivity to any drug or metabolites from similar class as study drug or to any excipients of the study drug formulation. History of severe hypersensitivity reaction to other monoclonal antibodies, which in the opinion of the investigator may pose an increased risk of serious infusion reaction.

Received active treatment on another investigational trial within 30 days (or 5 half-lives of that agent, whichever is greater) prior to Screening visit or plans to participate in another investigational drug trial.

Women of child-bearing potential, defined as all women physiologically capable of becoming pregnant unless they are using highly effective methods of contraception during dosing and for 15 weeks after stopping treatment.

Concurrent severe and/or uncontrolled medical conditions which, in the opinion of the Investigator, could cause unacceptable safety risks or compromise participation in the study.

History or current diagnosis of ECG abnormalities indicating significant risk of safety such as: Concomitant clinically significant cardiac arrhythmias (e.g ventricular tachycardia), and clinically significant second or third degree AV block without a pacemaker History of familial long QT syndrome or know family history of Torsades de Pointes

Not able to understand and to comply with study instructions and requirements.

Received prior treatment with crizanlizumab or other selectin targeting agent

Calendario

(Última actualización: 14/04/2026)

Autorización 22/10/2019	Inicio de Ensayo 05/11/2019	Inclusión Primer Paciente 05/12/2019	Interrumpido No aportado	Reiniciado No aportado
Fin de reclutamiento 31/08/2021	Fin prematuro (España) No aportado	Fin prematuro (Global) No aportado	Fin del ensayo en España No aportado	Fin del ensayo global No aportado

Promotor

Novartis Pharma AG Switzerland

Lichtstrasse 35

Contact Person

Novartis Pharma Arzneimittel GmbH

+499112730

legal.representative@novartis.com

Monetary support: N/A

Tipo de promotor: Comercial

Ceim

CEIm Hospital Universitario La Paz

Paseo de la Castellana, 261 28046 Madrid

ceic.hulp@salud.madrid.org

917277413

Centros

Activo (05/11/2019)	HOSPITAL RAMÓN Y CAJAL Madrid MADRID
Activo (03/02/2020)	HOSPITAL UNIVERSITARI DE GIRONA DR. JOSEP TRUETA Girona GERONA
Activo (04/11/2019)	HOSPITAL UNIVERSITARI VALL D'HEBRON Barcelona BARCELONA
Activo (27/02/2020)	HOSPITAL UNIVERSITARIO LA PAZ Madrid MADRID
No iniciado (---/---/---)	Vall D'hebron Institut De Recerca Barcelona BARCELONA 3000: Hematología

Medicamentos

SEG101

CONCENTRATE FOR SOLUTION FOR INFUSION
INTRAVENOUS USE

Principios Activos: N/A

Experimental

Sin resultados

Study of two doses of crizanlizumab versus placebo in adolescent and adult sickle cell disease patients

State	Type of participants	Age Ranges
End of recruitment	Incapable subjects of giving consent	Less than 18 , Older than 64 , Adults (18-64 years) , Teens (12-17 years)
Gender	Phases	Expected Participants
Both	Phase III	109
Results	Low level of intervention	Rare disease
No results	No	Yes
Geographic coverage	Areas of the study	Advanced therapy
International multicenter	effectiveness	NO

Information

Identifier

2023-508689-14-00 (CTIS)

Protocol Code

CSEG101A2301

Transitioned 2017-001746-10

Therapeutic area

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

Investigated Disease

Sickle cell disease

Scientific Title

A phase III, Multicenter, Randomized, Double-blind Study to Assess Efficacy and Safety of Two Doses of Crizanlizumab versus placebo, with or without Hydroxyurea/Hydroxycarbamide Therapy, in Adolescent and Adult Sickle Cell Disease Patients with Vaso-Occlusive Crises (STAND)

Rationale

Not provided

Main Objective

To compare the efficacy of 7.5 mg/kg of crizanlizumab versus placebo on the annualized rate of VOC leading to healthcare visit, in addition to standard of care

To compare the efficacy of 5.0 mg/kg of crizanlizumab versus placebo on the annualized rate of VOC leading to healthcare visit, in addition to standard of care

Primary Endpoints

Annualized rate of VOC events leading to healthcare visit in each treatment group over the first year post randomization

Temporary moments of secondary assessment

Not provided

Secondary Objective

To compare the efficacy of 7.5 mg/kg versus placebo on the annualized rate of all VOCs (managed at home + leading to healthcare visit)

To compare the efficacy of 5.0 mg/kg versus placebo on the annualized rate of all VOCs (managed at home + leading to healthcare visit)

To assess the annualized rate of VOCs managed at home in each group

To assess the time to first and second VOC leading to healthcare visit in each group

To assess rate of participants free from VOC leading to healthcare visit in each group

To assess the duration of VOC leading to healthcare visit in each group

Healthcare resource utilization (visits to clinic, Emergency room (ER) and hospitalizations) in each group

To assess SCD-related renal damage in each group

To characterize the pharmacokinetic (PK) profile of crizanlizumab at 5.0 and 7.5 mg/kg

To characterize the pharmacodynamic (PD) (P-selectin inhibition) of crizanlizumab at 5.0 and 7.5 mg/kg

To assess efficacy, safety and immunogenicity of crizanlizumab over the study period (taking into account potential treatment switch after primary analysis)

Secondary Endpoints

Annualized rate of all VOCs leading to healthcare visit and treated at home (based on documentation by health care provider following contact with participant) over the first year post randomization

Annualized rate of VOCs managed at home over the first year post randomization

Duration of VOCs leading to healthcare visit over the first year post randomization
 Number and percentage of participants free from VOCs leading to healthcare visit in each group over the first year post randomization
 The time to first and second VOC calculated respectively as the time from date of randomization until the first and the second VOC leading to healthcare visit over the first year post randomization
 Annualized rate of visits to clinic, Emergency room (ER) and hospitalizations, both overall and VOC-related over the first year post randomization
 Evolution of albuminuria and ACR over the first year post randomization
 PK parameters after the first and fifth dose (e.g., AUC, Cmax, Tmax, half-life)
 PD parameter (P-selectin inhibition) after the first and fifth dose
 Annualized rate of VOCs leading to healthcare visit
 Annualized rate of all VOCs leading to healthcare visit and treated at home
 Annualized rate of VOCs managed at home
 Number, seriousness, severity, and causality assessments of treatment-emergent adverse events, including infections (serious, non-serious and opportunistic infections) and other safety data as considered appropriate
 Absolute change from baseline in hemoglobin
 Growth and sexual maturity assessment in adolescents (Tanner stage)
 Immunogenicity: measurement of anti-drug antibodies (ADA) to crizanlizumab

Temporary moments of secondary assessment

Not provided

Inclusion criteria

Written informed consent must be obtained prior to any screening procedures Male or female patients aged 12 years and older on the day of signing informed consent. Adolescents include patients aged 12 to 17 years old and adults 18 years Confirmed diagnosis of SCD by Hb electrophoresis or high-performance liquid chromatography (HPLC) (performed locally). All SCD genotypes are eligible, genotyping is not required for study entry. Experienced at least 2 VOCs leading to healthcare visit within the 12 months prior to screening visit as determined by medical history. Prior VOC leading to healthcare visit must resolve at least 7 days prior to Week 1 Day 1 and must include: 1. Pain crisis defined as an acute onset of pain for which there is no other medically determined explanation other than vaso-occlusion 2. which requires a visit to a medical facility and/or healthcare professional, 3. and receipt of oral/parenteral opioids or parenteral nonsteroidal anti-inflammatory drug (NSAID) analgesics Acute chest syndrome (ACS), priapism and hepatic or splenic sequestration will be considered VOC in this study If receiving HU/HC or L-glutamine (local HA approved medicinal product), must have been receiving the drug for at least 6 months and at a stable dose for at least 3 months prior to Screening visit and plan to continue taking it at the same dose and schedule until the subject has reached one year of study treatment. Patients who have not been receiving such drug must not have received it for at least 6 months prior to Screening visit to be included. Patients must have evidence of insufficient control of acute pain, such as at least one VOC leading to healthcare visit while on HU/HC or L-Glutamine treatment. If receiving erythropoietin stimulating agent, must have been receiving the drug for at least 6 months prior to Screening visit and plan to continue taking the treatment to maintain stable Hb levels at least until the subject has reached one year of study treatment Patients must meet the following central laboratory values prior to Week 1 Day 1: Absolute Neutrophil Count $1.0 \times 10^9/L$ Platelet count $75 \times 10^9/L$ Hemoglobin: for adults (Hb) 4.0 g/dL and for adolescents (Hb) 5.5 g/dL Glomerular filtration rate 45 mL/min/1.73 m² using CKD-EPI formula in adults, and Shwartz formula in adolescents Direct (conjugated) bilirubin < 2.0 x ULN Alanine transaminase (ALT) < 3.0 x ULN ECOG performance status 2.0 for adults and Karnofsky 50% for adolescents

Exclusion criteria

History of stem cell transplant.

Participating in a chronic transfusion program (pre-planned series of transfusions for prophylactic purposes) and/or planning on undergoing an exchange transfusion during the duration of the study; episodic transfusion in response to worsened anemia or VOC is permitted

Contraindication or hypersensitivity to any drug or metabolites from similar class as study drug or to any excipients of the study drug formulation. History of severe hypersensitivity reaction to other monoclonal antibodies, which in the opinion of the investigator may pose an increased risk of serious infusion reaction.

Received active treatment on another investigational trial within 30 days (or 5 half-lives of that agent, whichever is greater) prior to Screening visit or plans to participate in another investigational drug trial.

Women of child-bearing potential, defined as all women physiologically capable of becoming pregnant unless they are using highly effective methods of contraception during dosing and for 15 weeks after stopping treatment.

Concurrent severe and/or uncontrolled medical conditions which, in the opinion of the Investigator, could cause unacceptable safety risks or compromise participation in the study.

History or current diagnosis of ECG abnormalities indicating significant risk of safety such as: Concomitant clinically significant cardiac arrhythmias (e.g ventricular tachycardia), and clinically significant second or third degree AV block without a pacemaker History of familial long QT syndrome or know family history of Torsades de Pointes

Not able to understand and to comply with study instructions and requirements.

Received prior treatment with crizanlizumab or other selectin targeting agent

Calendar

(Last Update: 14/04/2026)

Authorization 22/10/2019	Start of Trial 05/11/2019	First patient inclusion 05/12/2019	Halted Not aported	Restarted Not aported
End of recruitment 31/08/2021	Premature end (Spain) Not aported	Premature End (Global) Not aported	Trial end (Spain) Not aported	Trial end (Global) Not aported

Sponsor

Novartis Pharma AG Switzerland

Lichtstrasse 35

Contact Person

Novartis Pharma Arzneimittel GmbH

+499112730

legal.representative@novartis.com

Monetary support: N/A

Sponsor type: Commercial

Ceim

CEIm Hospital Universitario La Paz

Paseo de la Castellana, 261 28046 Madrid

ceic.hulp@salud.madrid.org

917277413

Sites

Active (05/11/2019)	HOSPITAL RAMÓN Y CAJAL Madrid MADRID
Active (03/02/2020)	HOSPITAL UNIVERSITARI DE GIRONA DR. JOSEP TRUETA Girona GERONA
Active (04/11/2019)	HOSPITAL UNIVERSITARI VALL D'HEBRON Barcelona BARCELONA
Active (27/02/2020)	HOSPITAL UNIVERSITARIO LA PAZ Madrid MADRID
not initialized (---/---/----)	Vall D'hebron Institut De Recerca Barcelona BARCELONA 3000: Hematología

Medication

SEG101

CONCENTRATE FOR SOLUTION FOR INFUSION
INTRAVENOUS USE

Active Principles: N/A

Experimental

No results