

A multicenter, randomized, open-label, blinded endpoint evaluation, phase 3 study comparing the effect of abelacimab relative to apixaban on venous thromboembolism (VTE) recurrence and bleeding in patients with cancer associated VTE (ASTER)

Estado
EC Finalizado

Tipo de Participantes
No aportado

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

Género
Ambos

Fases
Fase II , Fase III

Participantes esperados
356

Resultados
Sin resultados

Bajo nivel intervención
No

Enfermedad rara
No

Cobertura geográfica
Sin determinar

Ámbitos del ensayo
seguridad, eficacia, farmacocinética,
farmacodinámica, farmacogenética,
farmacoeconómica

Terapia avanzada
NO

Información

Identificador
2023-509569-19-00 (CTIS)

Cod. Protocolo
ANT-007

Transicionado 2021-003076-14

Área terapéutica
Enfermedades [C] - Patologías cardiovasculares [C14]

Enfermedad investigada
venous thromboembolism (VTE)

Título Científico
A multicenter, randomized, open-label, blinded endpoint evaluation, phase 3 study comparing the effect of

abelacimab relative to apixaban on venous thromboembolism (VTE) recurrence and bleeding in patients with cancer associated VTE (ASTER)

Justificación

No aportado

Objetivo Principal

The primary objective of this study is to assess whether abelacimab is non-inferior to apixaban for preventing VTE recurrence at 6 months post randomization in patients with cancer and recently diagnosed VTE. If non-inferiority is demonstrated, then superiority will be assessed.

Variables de Evaluación Primaria

Time to first event of centrally adjudicated VTE recurrence through 6 months

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

Male or female subjects 18 years old or another legal maturity age according to the country of residence
Confirmed diagnosis of cancer (by histology or adequate imaging modality), other than basal-cell or squamous-cell carcinoma of the skin alone with one of the following: Active cancer, defined as either locally active, regionally invasive, or metastatic cancer at the time of randomization, and/or oCurrently receiving or having received anticancer

therapy (radiotherapy, chemotherapy, hormonal therapy, any kind of targeted therapy or any other anticancer therapy) in the last 6 months.

Confirmed symptomatic or incidental proximal lower limb DVT (i.e., popliteal, femoral, iliac, and/or inferior vena cava vein thrombosis) and/or a confirmed symptomatic or incidental PE of a segmental, or larger pulmonary artery, and/or a confirmed symptomatic or incidental PE of two or more subsegmental pulmonary arteries. Patients are eligible within 120 hours from diagnosis of the qualifying VTE.

Anticoagulation therapy with a therapeutic dose of DOAC for at least 6 months is indicated.

Able to provide written informed consent.

Criterios de Exclusión

Thrombectomy, insertion of a caval filter or use of a fibrinolytic agent to treat the current (index) occurrence of DVT and/or PE More than 120 hours of pre-treatment with therapeutic doses of UFH, LMWH, fondaparinux, DOAC, or other anticoagulants Bleeding requiring medical attention at the time of randomization or in the preceding 4 weeks Planned brain, spinal cord, cardiac, vascular, major thoracic and/or major abdominal surgery in the 4 weeks following randomization. Eastern Cooperative Oncology Group (ECOG) performance status of 3 or 4 at screening Life expectancy <3 months at randomization Calculated creatinine clearance (CrCl) <30 mL/min (Cockcroft-Gault equation) at the screening visit Hemoglobin less than 8 g/dL at the screening visit Acute hepatitis, chronic active hepatitis, liver cirrhosis; or an alanine aminotransferase level 3 times or more and/or bilirubin level 2 times or more higher the upper limit of the normal range at the screening visit in absence of clinical explanation Uncontrolled hypertension (systolic BP>180 mm Hg or diastolic BP >100 mm Hg despite antihypertensive treatment) Women of child-bearing potential (WOCBP) who are unwilling or unable to use highly effective contraceptive measures during the study from screening up to 3 days after last treatment of dalteparin or 100 days after administration of abelacimab (See Section 5.3.6 for highly effective contraceptive measures). Sexually active males with sexual partners of childbearing potential must agree to use a condom or other reliable contraceptive measure up to 3 days after last treatment of dalteparin or 100 days after administration of abelacimab An indication to continue treatment with therapeutic doses of an anticoagulant other than that used for VTE treatment prior to randomization (e.g., atrial fibrillation, mechanical heart valve, prior VTE) Pregnant or breast-feeding women Patients known to be receiving strong dual inducers or inhibitors of both CYP3A4 and P-gp History of hypersensitivity to any of the study drugs (including apixaban) or its excipients, to drugs of similar chemical classes, or any contraindication listed in the label for apixaban Subjects with any condition that as judged by the Investigator would place the subject at increased risk of harm if he/she participated in the study Use of other investigational (not-registered) drugs within 5 half-lives prior to enrollment or until the expected pharmacodynamic effect has returned to baseline, whichever is longer. Participation in academic noninterventional or interventional studies, comprising testing different strategies or different combinations of registered drugs is permitted. Platelet count <50,000/mm³ at the screening visit PE leading to hemodynamic instability (systolic blood pressure [BP] <90 mmHg or shock) Acute ischemic or hemorrhagic stroke or intracranial hemorrhage within 4 weeks preceding screening Brain trauma, or a cerebral or a spinal cord surgery or spinal procedures such as lumbar puncture or epidural/spinal anesthesia in the 4 weeks preceding screening Need for aspirin in a dosage of more than 100 mg/per day or any other antiplatelet agent alone or in combination with aspirin Primary brain cancer or untreated intracranial metastases at baseline Acute myeloid or lymphoid leukemia at baseline

Calendario

(Última actualización: 04/03/2026)

Autorización 13/04/2022	Inicio de Ensayo 10/08/2022	Inclusión Primer Paciente 21/09/2022	Interrumpido No aportado	Reiniciado No aportado
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Fin de reclutamiento 26/07/2025	Fin prematuro (España) 09/01/2026	Fin prematuro (Global) No aportado	Fin del ensayo en España No aportado	Fin del ensayo global No aportado
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Promotor

Anthos Therapeutics Inc. United States

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Contact Person

Anthos Therapeutics Information Desk

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info@anthostherapeutics.com

Monetary support: N/A

Tipo de promotor: Comercial

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CEIm Parc Tauli

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Centros

Activo (20/09/2022)	CLINICA UNIVERSIDAD DE NAVARRA Pamplona/Iruña NAVARRA	No iniciado (---/---/----)	Clinica Universidad De Navarra Madrid MADRID Oncology
Activo (22/07/2022)	COMPLEXO HOSPITALARIO UNIVERSITARIO DE OURENSE Ourense OURENSE	Activo (12/09/2022)	COMPLEXO HOSPITALARIO UNIVERSITARIO DE SANTIAGO Santiago de Compostela CORUÑA
Activo (16/09/2022)	HOSPITAL CLINIC DE BARCELONA Barcelona BARCELONA	Activo (12/07/2022)	HOSPITAL DE LA SANTA CREU I SANT PAU Barcelona BARCELONA
Activo (17/10/2022)	HOSPITAL DE SABADELL Sabadell BARCELONA	Activo (03/09/2022)	HOSPITAL GENERAL UNIVERSITARIO DE ELCHE Elche/Elx ALICANTE Oncology

Activo (16/09/2022)

HOSPITAL GENERAL UNIVERSITARIO GREGORIO MARAÑÓN

Madrid

MADRID

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

Hospital La Milagrosa S.A.

Madrid

MADRID

Oncology

Activo (10/08/2022)

HOSPITAL MD ANDERSON CANCER CENTER MADRID

Madrid

MADRID

Activo (31/08/2022)

HOSPITAL UNIVERSITARI VALL D'HEBRON

Barcelona

BARCELONA

Activo (05/09/2022)

HOSPITAL UNIVERSITARIO CLINICO SAN CARLOS

Madrid

MADRID

Activo (04/07/2022)

HOSPITAL UNIVERSITARIO DE JAEN

Jaén

JAÉN

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

Hospital Universitario Del Vinalopo

Elche

ALICANTE

Oncology

Activo (19/09/2022)

HOSPITAL UNIVERSITARIO INFANTA LEONOR

Madrid

MADRID

Activo (14/09/2022)

HOSPITAL UNIVERSITARIO LUCUS AUGUSTI

Lugo

LUGO

Activo (04/08/2022)

HOSPITAL UNIVERSITARIO MARQUES DE VALDECILLA

Santander

CANTABRIA

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

Hospital Universitario Puerta De Hierro De Majadahonda

Madrid

MADRID

Oncology

Activo (12/09/2022)

HOSPITAL UNIVERSITARIO PUERTA DE HIERRO MAJADAHONDA

Majadahonda

MADRID

Activo (22/09/2022)

HOSPITAL UNIVERSITARIO VINALOPO

Elche/Elx

ALICANTE

Hematology

Activo (29/09/2022)

HOSPITAL UNIVERSITARIO VIRGEN DE LAS NIEVES

Granada

GRANADA

Activo (13/07/2022)

Hospital Universitario Virgen Del Rocio

Sevilla

SEVILLA

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

Parc Tauli Hospital Universitari

Sabadell

BARCELONA

Oncology

Medicamentos

Abelacimab 150 mg/ml solution for infusion

CONCENTRATE FOR SOLUTION FOR INFUSION
SUBCUTANEOUS USE

Principios Activos: N/A

Experimental

Eliquis 5 mg film-coated tablets

FILM-COATED TABLET
ORAL USE

Código ATC: B01AF02 - APIXABAN

Principios Activos: N/A

Experimental

Sin resultados

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State
Finished CT

Type of participants
Not provided

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

Gender
Both

Phases
Phase II , Phase III

Expected Participants
356

Results
No results

Low level of intervention
No

Rare disease
No

Geographic coverage
Undetermined

Areas of the study
safety, effectiveness, pharmacokinetics,
pharmacodynamics, pharmacogenetics,
pharmacoeconomic

Advanced therapy
NO

Information

Identifier
2023-509569-19-00 (CTIS)

Protocol Code
ANT-007

Transitioned 2021-003076-14

Therapeutic area
Diseases [C] - Cardiovascular Diseases [C14]

Investigated Disease
venous thromboembolism (VTE)

Scientific Title
A multicenter, randomized, open-label, blinded endpoint evaluation, phase 3 study comparing the effect of

abelacimab relative to apixaban on venous thromboembolism (VTE) recurrence and bleeding in patients with cancer associated VTE (ASTER)

Rationale

Not provided

Main Objective

The primary objective of this study is to assess whether abelacimab is non-inferior to apixaban for preventing VTE recurrence at 6 months post randomization in patients with cancer and recently diagnosed VTE. If non-inferiority is demonstrated, then superiority will be assessed.

Primary Endpoints

Time to first event of centrally adjudicated VTE recurrence through 6 months

Temporary moments of secondary assessment

Not provided

Secondary Objective

Not provided

Secondary Endpoints

Not provided

Temporary moments of secondary assessment

Not provided

Inclusion criteria

Male or female subjects 18 years old or another legal maturity age according to the country of residence
Confirmed diagnosis of cancer (by histology or adequate imaging modality), other than basal-cell or squamous-cell carcinoma of the skin alone with one of the following: Active cancer, defined as either locally active, regionally invasive, or metastatic cancer at the time of randomization, and/or oCurrently receiving or having received anticancer

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Anticoagulation therapy with a therapeutic dose of DOAC for at least 6 months is indicated.

Able to provide written informed consent.

Exclusion criteria

Thrombectomy, insertion of a caval filter or use of a fibrinolytic agent to treat the current (index) occurrence of DVT and/or PE More than 120 hours of pre-treatment with therapeutic doses of UFH, LMWH, fondaparinux, DOAC, or other anticoagulants Bleeding requiring medical attention at the time of randomization or in the preceding 4 weeks Planned brain, spinal cord, cardiac, vascular, major thoracic and/or major abdominal surgery in the 4 weeks following randomization. Eastern Cooperative Oncology Group (ECOG) performance status of 3 or 4 at screening Life expectancy <3 months at randomization Calculated creatinine clearance (CrCl) <30 mL/min (Cockcroft-Gault equation) at the screening visit Hemoglobin less than 8 g/dL at the screening visit Acute hepatitis, chronic active hepatitis, liver cirrhosis; or an alanine aminotransferase level 3 times or more and/or bilirubin level 2 times or more higher the upper limit of the normal range at the screening visit in absence of clinical explanation Uncontrolled hypertension (systolic BP>180 mm Hg or diastolic BP >100 mm Hg despite antihypertensive treatment) Women of child-bearing potential (WOCBP) who are unwilling or unable to use highly effective contraceptive measures during the study from screening up to 3 days after last treatment of dalteparin or 100 days after administration of abelacimab (See Section 5.3.6 for highly effective contraceptive measures). Sexually active males with sexual partners of childbearing potential must agree to use a condom or other reliable contraceptive measure up to 3 days after last treatment of dalteparin or 100 days after administration of abelacimab An indication to continue treatment with therapeutic doses of an anticoagulant other than that used for VTE treatment prior to randomization (e.g., atrial fibrillation, mechanical heart valve, prior VTE) Pregnant or breast-feeding women Patients known to be receiving strong dual inducers or inhibitors of both CYP3A4 and P-gp History of hypersensitivity to any of the study drugs (including apixaban) or its excipients, to drugs of similar chemical classes, or any contraindication listed in the label for apixaban Subjects with any condition that as judged by the Investigator would place the subject at increased risk of harm if he/she participated in the study Use of other investigational (not-registered) drugs within 5 half-lives prior to enrollment or until the expected pharmacodynamic effect has returned to baseline, whichever is longer. Participation in academic noninterventional or interventional studies, comprising testing different strategies or different combinations of registered drugs is permitted. Platelet count <50,000/mm³ at the screening visit PE leading to hemodynamic instability (systolic blood pressure [BP] <90 mmHg or shock) Acute ischemic or hemorrhagic stroke or intracranial hemorrhage within 4 weeks preceding screening Brain trauma, or a cerebral or a spinal cord surgery or spinal procedures such as lumbar puncture or epidural/spinal anesthesia in the 4 weeks preceding screening Need for aspirin in a dosage of more than 100 mg/per day or any other antiplatelet agent alone or in combination with aspirin Primary brain cancer or untreated intracranial metastases at baseline Acute myeloid or lymphoid leukemia at baseline

Calendar

(Last Update: 04/03/2026)

Authorization 13/04/2022	Start of Trial 10/08/2022	First patient inclusion 21/09/2022	Halted Not aported	Restarted Not aported
End of recruitment 26/07/2025	Premature end (Spain) 09/01/2026	Premature End (Global) Not aported	Trial end (Spain) Not aported	Trial end (Global) Not aported

Sponsor

Anthos Therapeutics Inc. United States

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Contact Person

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info@anthostherapeutics.com

Monetary support: N/A

Sponsor type: Commercial

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Sites

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Active (16/09/2022)

HOSPITAL GENERAL UNIVERSITARIO GREGORIO MARAÑON

Madrid

MADRID

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

Hospital La Milagrosa S.A.

Madrid

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Oncology

Active (10/08/2022)

HOSPITAL MD ANDERSON CANCER CENTER MADRID

Madrid

MADRID

Active (31/08/2022)

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Madrid

MADRID

Active (04/07/2022)

HOSPITAL UNIVERSITARIO DE JAEN

Jaén

JAÉN

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

Hospital Universitario Del Vinalopo

Elche

ALICANTE

Oncology

Active (19/09/2022)

HOSPITAL UNIVERSITARIO INFANTA LEONOR

Madrid

MADRID

Active (14/09/2022)

HOSPITAL UNIVERSITARIO LUCUS AUGUSTI

Lugo

LUGO

Active (04/08/2022)

HOSPITAL UNIVERSITARIO MARQUES DE VALDECILLA

Santander

CANTABRIA

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Active (29/09/2022)

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Active (13/07/2022)

Hospital Universitario Virgen Del Rocio

Sevilla

SEVILLA

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

Parc Tauli Hospital Universitari

Sabadell

BARCELONA

Oncology

Medication

Abelacimab 150 mg/ml solution for infusion

CONCENTRATE FOR SOLUTION FOR INFUSION
SUBCUTANEOUS USE

-

Active Principles: N/A

Experimental

Eliquis 5 mg film-coated tablets

FILM-COATED TABLET
ORAL USE

ATC code: B01AF02 - APIXABAN

Active Principles: N/A

Experimental

No results