# PIRTOBRUTINIB AND GLOFITAMAB IN MANTLE CELL LYMPHOMA

| Estado | Tipo de Participantes | Rangos de Edad |
|---|---|---|
| Reclutando | No aportado | Mayores de 64 , Adultos (18-64 años) |
| **Género** | **Fases** | **Participantes esperados** |
| Ambos | Fase II | 19 |
| **Resultados** | **Bajo nivel intervención** | **Enfermedad rara** |
| Sin resultados | No | Si |
| **Cobertura geográfica** | **Ámbitos del ensayo** | **Terapia avanzada** |
| Sin determinar | tratamiento, seguridad, eficacia | NO |

## Información

### Identificador
2024-512922-27-00 (CTIS)

### Cod. Protocolo
PLATO

### Área terapéutica
Enfermedades [C] - Cáncer [C04]|

### Enfermedad investigada
Mantle Cell Lymphoma (MCL)

### Título Científico
Glofitamab Combined With Pirtobrutinib in Relapsed/Refractory Patients with Mantle Cell Lymphoma Followed by an Extension in Treatment Naïve Patients (PLATO)

## Justificación

No aportado

## Objetivo Principal

Cohort A: To assess efficacy of glofitamab/pirtobrutinib in RR MCL patients as compared to a historical control of ibrutinib treated patients within the scope of the RAY trial. Cohort B: To assess efficacy of glofitamab/pirtobrutinib in TN elderly MCL patients as compared to a historical control value of elderly patients treated with bendamustine, rituximab, and ibrutinib within the scope of the SHINE trial14 , stratified according to biological risk: High-risk patients present with any combination of at least one of the following features: 1. MIPI-c high (MIPI high plus Ki67 30%, 1) 2. MIPI-c high intermediate (MIPI intermediate plus Ki67 30% or MIPI high plus Ki67 < 30%, 1) 3. TP53-mutation 4. TP53-overexpression (> 50%) by immunohistochemistry Standard risk patients lack all the four features mentioned above

## Variables de Evaluación Primaria

The primary endpoint is progression-free survival status 24 months from treatment start and will be analyzed by cohort and stratum (cohort A, cohort B high-risk, and cohort B standard-risk). Analysis will be performed on a modified ITT population: eligible patients who received at least one dose of any IMP.

## Momentos temporales de evaluación primaria

No aportado

## Objetivo Secundario

To further assess efficacy, safety, and tolerability of glofitamab/pirtobrutinib by means of secondary and exploratory endpoints in comparison to the standard of care.

## Variables de Evaluación Secundaria

Progression free survival time from treatment start
Complete remission rate (CR) and overall response rate (ORR: CR, PR) 8 months from treatment start (after completion of glofitamab-treatment, prior to cycle 13) and approximately 24 months (prior to cycle 30) from treatment start.
Rate of PET negative CR (complete metabolic response rate, Lugano criteria) 8 months from treatment start (after completion of glofitamab-treatment prior to cycle 13) and 24 months (prior to cycle 30) from treatment start
Best response, time to best response, time to first response from treatment start
Duration of response.
Duration of CR
Overall survival (OS) time from treatment start
Safety: adverse events, serious adverse events, toxicities (CTCAE v5.0 and ASTCT 2019 for CRS/ICANS)

## Momentos temporales de evaluación secundaria

No aportado

## Criterios de Inclusión

Cohort A (R/R MCL): Relapse or progression following at least one prior line of anti-neoplastic standard therapy, which included at least an anti CD20 antibody plus an anthracycline and/or bendamustine and/or fludarabine. The following laboratory values at screening (unless related to MCL) : Platelets 75,000 cells/L (50,000 cells/L required if caused by bone marrow involvement or splenomegaly due to MCL), independent of transfusions within 7 days of Screening assessment.Hemoglobin 8 g/dL or 6 g/dL in patients with documented bone marrow involvement considered to impair hematopoiesis. Calculated creatinine clearance 30 mL/min. Transaminases (AST and ALT) 3 x ULN. Total Bilirubin 1.5 x ULN or 3 x ULN with documented Gilbert-MeulengrachtSyndrome or liver involvement by MCL. aPTT and PT 1.5 x ULN, unless explained by concomitant anticoagulant medication, and in the opinion of the investigator not associated with an increased bleeding risk. Adequate cardiopulmonary function defined as: cardiac ejection fraction 45% at all assessments within the last 12 months from screening, no evidence of pericardial effusion as determined by echocardiography; no clinically significant pleural effusion; baseline oxygen saturation > 92% on room air No evidence of CNS-disease Written informed consent form according to ICH/ E6 (R2) CTR and national regulations, ability to follow study instructions and likely to attend and complete all required visits. Sexually active men and women of child-bearing potential must agree to use one of the highly effective contraceptive methods (combined oral contraceptives using two hormones, progestogen-only hormonal contraception associated with inhibition of ovulation, contraceptive implants, injectables, intrauterine devices, sterilized partner) together with one of the barrier methods (latex condoms, diaphragms, contraceptive caps) while on study; this should be maintained for 6 months after the last dose of study drug Negative serum or urine pregnancy test (Females of childbearing potential only, females who have undergone surgical sterilization or who have been postmenopausal for at least 2 years are not considered to be of childbearing potential. A postmenopausal state is defined as no menses for 12 months without an alternative medical cause. A high follicle stimulating hormone (FSH) level in the postmenopausal range may be used to confirm a postmenopausal state in women not using hormonal contraception or hormonal replacement therapy. However in the absence of 12 months of amenorrhea, a single FSH measurement is insufficient). Availability of tissue samples for central pathology review Cohort A (R/R MCL): Aged 18 years or older. Cohort B (elderly TN MCL): Previously untreated. Cohort B (elderly TN MCL): Age 65 years or 60 years who are in the opinion of the investigator not suited for intensive, cytarabine and platinum-based induction treatment regimens Histologically confirmed diagnosis of MCL according to WHO classification, with documentation of either overexpression of cyclin D1 or presence of t(11;14). Stage II-IV (Ann Arbor) At least 1 measurable lesion according to the Lugano Response Criteria (>1.5 cm nodal lesion or > 1 cm extranodal lesion) ECOG performance status 2 The patient is able to take oral medications

## Criterios de Exclusión

Known history of hypersensitivity to the investigational drug or to drugs with a similar chemical structure Presence of fungal, bacterial, viral, or other infection that is uncontrolled or requiring intravenous (IV) antimicrobials for management. Known active CMV infection. Positive test results for chronic HBV/HCV infection (defined as positive HBsAg serology) or HIV (mandatory testing). Patients with occult or prior HBV infection (defined as negative HBsAg and positive total HBcAb) may be included if HBV DNA is undetectable. Patients positive for HCV antibody are eligible only if PCR is negative for HCV RNA. History or presence of CNS disorder, such as seizure disorder, cerebrovascular ischemia/hemorrhage, dementia, cerebellar disease, cerebral edema, posterior reversible encephalopathy syndrome, or any autoimmune disease with CNS involvement. History of or active autoimmune disease (e.g. Crohns disease, rheumatoid arthritis, systemic lupus) resulting in end organ injury or requiring systemic immunosuppression/systemic medication within the last 2 years. Known severe primary immunodeficiency. Any medical condition likely to interfere with assessment of safety or efficacy of study treatment. Live vaccine 6 weeks prior to planned start of study treatment. Any psychological, familial, sociological, or geographical condition

potentially hampering compliance with the study protocol and follow up schedule Clinically significant active malabsorption syndrome or other condition likely to affect gastrointestinal absorption of pirtobrutinib. History of bleeding diathesis Simultaneously active participation in another clinical study involving an investigational medicinal product within 30 days prior to enrolment Previous treatment with an anti-CD20 directed bispecific antibody Previous treatment with a BTKi Previous CART treatment Steroid therapy (prednisolone 100mg daily or equivalent for up to 14 days are permitted during screening for control of lymphoma related symptoms) Targeted agents, investigational agents, therapeutic monoclonal antibodies/antibody drug conjugates or cytotoxic chemotherapy must be completed 5 half-lives or 2 weeks (whichever is longer) prior to study treatment History of allogeneic transplantation Major surgery or significant traumatic injury within 28 days of screening, major surgery does not include uncomplicated lymph node resection/ laparoscopy for the diagnosis of MCL Requirement of therapeutic anticoagulation with a vitamin K antagonist (warfarin, phenprocoumon) or of treatment with strong CYP3A4 inhibitors or inducers Immunoconjugated antibody treatment within 10 weeks prior to enrolment Broad field radiation ( 30% of the bone marrow or whole brain radiotherapy) must be completed 14 days prior to treatment start. Palliative limited field radiation must be completed 7 days prior to treatment start. Subjects with a physical or psychiatric condition which at the investigators discretion may put the subject at risk, may confound the study results, or may interfere with the subjects participation in this clinical study Prior treatment-related AEs must have recovered to Grade 1 with the exception of alopecia and Grade 2 peripheral neuropathy. Known or persistent abuse of medication, drugs, or alcohol. Serious concomitant disease interfering with a regular therapy according to the study protocol: Clinically significant cardiovascular disease such as symptomatic arrhythmias, congestive heart failure, unstable angina, myocardial infarction, cardiac angioplasty or stenting within 12 months of Screening, or any Class 3 (moderate) or Class 4 (severe) cardiac disease as defined by the New York Heart Association Functional Classification Prolongation of the QT interval corrected for heart rate (QTcF) > 470 msec on at least 2/3 consecutive electrocardiograms (ECGs), and mean QTcF > > 470 msec on all 3 ECGs, during screening. QTcF is calculated using Fridericias formula (QTcF): QTcF = QT/(RR*0.33) Severe endocrinological conditions (e.g. severe, not sufficiently controlled diabetes mellitus). Current or planned pregnancy (during the study or within 1 month of the last study treatment) or nursing women (within 1 week from the last study treatment) History of or active malignancy other than MCL, non-melanoma skin cancer, carcinoma in situ (eg, cervix, bladder, breast). History of localized prostate cancer acceptable only if diseasefree and PSA within normal range for at least 3 years

# Calendario

(Última actualización: 22/05/2026)

| Autorización | Inicio de Ensayo | Inclusión Primer Paciente | Interrumpido | Reiniciado |
|---|---|---|---|---|
| 14/08/2025 | 26/11/2025 | 12/01/2026 | No aportado | No aportado |

| Fin de reclutamiento | Fin prematuro (España) | Fin prematuro (Global) | Fin del ensayo en España | Fin del ensayo global |
|---|---|---|---|---|
| No aportado | No aportado | No aportado | No aportado | No aportado |

# Promotor

### Klinikum der Universitaet Muenchen AöR Germany

**Marchioninistrasse 15Hadern**

**Contact Person**

Studycenter of hematology, medical clinic III, LMU Klinikum, Munich

**+4989440074900**

**studyce@med.uni-muenchen.de**

**Monetary support: N/A**

**Tipo de promotor: No comercial**

# Ceim

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**934894010**

# Centros

Activo (16/12/2025)

**Fundacio Hospital Universitari Vall DHebron Institut De Recerca**

Barcelona

BARCELONA

Instituto de Investigación Germans Trias i Pujol (IGTP)

Activo (26/11/2025)

**Hospital General Universitario Dr. Balmis**

Alicante

ALICANTE

Hematology

Activo (11/02/2026)

**Hospital Universitario De La Princesa**

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**Hospital Universitario Marques De Valdecilla**

Santander

CANTABRIA

Hematology

Activo (26/11/2025)

**Hospital Universitario Virgen De Las Nieves**

Granada

GRANADA

Hematology and Hemotherapy Department

Activo (19/01/2026)

**Institut Catala D´oncologia**

Badalona

BARCELONA

Hematology/Oncology

# Medicamentos

**PIRTOBRUTINIB**
TABLET
ORAL

-
Principios Activos: N/A
Experimental

**OBINUTUZUMAB**
CONCENTRATE FOR SOLUTION FOR INJECTION
INTRAVENIOUS INFUSION

-
Principios Activos: N/A
Experimental

**Columvi 10 mg concentrate for solution for infusion**
SOLUTION FOR INFUSION
INFUSION

-
Principios Activos: N/A
Huérfano
Experimental

# Sin resultados

# PIRTOBRUTINIB AND GLOFITAMAB IN MANTLE CELL LYMPHOMA

| | | |
|---|---|---|
| **State** | **Type of participants** | **Age Ranges** |
| Recruiting | Not provided | Older than 64 , Adults (18-64 years) |
| **Gender** | **Phases** | **Expected Participants** |
| Both | Phase II | 19 |
| **Results** | **Low level of intervention** | **Rare disease** |
| No results | No | Yes |
| **Geographic coverage** | **Areas of the study** | **Advanced therapy** |
| Undetermined | treatment, safety, effectiveness | NO |

## Information

### Identifier
2024-512922-27-00 (CTIS)

### Protocol Code
PLATO

### Therapeutic area
Diseases [C] - Cancer [C04]|

### Investigated Disease
Mantle Cell Lymphoma (MCL)

### Scientific Title
Glofitamab Combined With Pirtobrutinib in Relapsed/Refractory Patients with Mantle Cell Lymphoma Followed by an Extension in Treatment Naïve Patients (PLATO)

## Rationale

Not provided

## Main Objective

Cohort A: To assess efficacy of glofitamab/pirtobrutinib in RR MCL patients as compared to a historical control of ibrutinib treated patients within the scope of the RAY trial. Cohort B: To assess efficacy of glofitamab/pirtobrutinib in TN elderly MCL patients as compared to a historical control value of elderly patients treated with bendamustine, rituximab, and ibrutinib within the scope of the SHINE trial14 , stratified according to biological risk: High-risk patients present with any combination of at least one of the following features: 1. MIPI-c high (MIPI high plus Ki67 30%, 1) 2. MIPI-c high intermediate (MIPI intermediate plus Ki67 30% or MIPI high plus Ki67 < 30%, 1) 3. TP53-mutation 4. TP53-overexpression (> 50%) by immunohistochemistry Standard risk patients lack all the four features mentioned above

## Primary Endpoints

The primary endpoint is progression-free survival status 24 months from treatment start and will be analyzed by cohort and stratum (cohort A, cohort B high-risk, and cohort B standard-risk). Analysis will be performed on a modified ITT population: eligible patients who received at least one dose of any IMP.

## Temporary moments of secondary assessment

Not provided

## Secondary Objective

To further assess efficacy, safety, and tolerability of glofitamab/pirtobrutinib by means of secondary and exploratory endpoints in comparison to the standard of care.

## Secondary Endpoints

Progression free survival time from treatment start
Complete remission rate (CR) and overall response rate (ORR: CR, PR) 8 months from treatment start (after completion of glofitamab-treatment, prior to cycle 13) and approximately 24 months (prior to cycle 30) from treatment start.
Rate of PET negative CR (complete metabolic response rate, Lugano criteria) 8 months from treatment start (after completion of glofitamab-treatment prior to cycle 13) and 24 months (prior to cycle 30) from treatment start
Best response, time to best response, time to first response from treatment start
Duration of response.
Duration of CR
Overall survival (OS) time from treatment start
Safety: adverse events, serious adverse events, toxicities (CTCAE v5.0 and ASTCT 2019 for CRS/ICANS)

## Temporary moments of secondary assessment

Not provided

## Inclusion criteria

Cohort A (R/R MCL): Relapse or progression following at least one prior line of anti-neoplastic standard therapy, which included at least an anti CD20 antibody plus an anthracycline and/or bendamustine and/or fludarabine. The following laboratory values at screening (unless related to MCL) : Platelets 75,000 cells/L (50,000 cells/L required if caused by bone marrow involvement or splenomegaly due to MCL), independent of transfusions within 7 days of Screening assessment.Hemoglobin 8 g/dL or 6 g/dL in patients with documented bone marrow involvement considered to impair hematopoiesis. Calculated creatinine clearance 30 mL/min. Transaminases (AST and ALT) 3 x ULN. Total Bilirubin 1.5 x ULN or 3 x ULN with documented Gilbert-MeulengrachtSyndrome or liver involvement by MCL. aPTT and PT 1.5 x ULN, unless explained by concomitant anticoagulant medication, and in the opinion of the investigator not associated with an increased bleeding risk. Adequate cardiopulmonary function defined as: cardiac ejection fraction 45% at all assessments within the last 12 months from screening, no evidence of pericardial effusion as determined by echocardiography; no clinically significant pleural effusion; baseline oxygen saturation > 92% on room air No evidence of CNS-disease Written informed consent form according to ICH/ E6 (R2) CTR and national regulations, ability to follow study instructions and likely to attend and complete all required visits. Sexually active men and women of child-bearing potential must agree to use one of the highly effective contraceptive methods (combined oral contraceptives using two hormones, progestogen-only hormonal contraception associated with inhibition of ovulation, contraceptive implants, injectables, intrauterine devices, sterilized partner) together with one of the barrier methods (latex condoms, diaphragms, contraceptive caps) while on study; this should be maintained for 6 months after the last dose of study drug Negative serum or urine pregnancy test (Females of childbearing potential only, females who have undergone surgical sterilization or who have been postmenopausal for at least 2 years are not considered to be of childbearing potential. A postmenopausal state is defined as no menses for 12 months without an alternative medical cause. A high follicle stimulating hormone (FSH) level in the postmenopausal range may be used to confirm a postmenopausal state in women not using hormonal contraception or hormonal replacement therapy. However in the absence of 12 months of amenorrhea, a single FSH measurement is insufficient). Availability of tissue samples for central pathology review Cohort A (R/R MCL): Aged 18 years or older. Cohort B (elderly TN MCL): Previously untreated. Cohort B (elderly TN MCL): Age 65 years or 60 years who are in the opinion of the investigator not suited for intensive, cytarabine and platinum-based induction treatment regimens Histologically confirmed diagnosis of MCL according to WHO classification, with documentation of either overexpression of cyclin D1 or presence of t(11;14). Stage II-IV (Ann Arbor) At least 1 measurable lesion according to the Lugano Response Criteria (>1.5 cm nodal lesion or > 1 cm extranodal lesion) ECOG performance status 2 The patient is able to take oral medications

## Exclusion criteria

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potentially hampering compliance with the study protocol and follow up schedule Clinically significant active malabsorption syndrome or other condition likely to affect gastrointestinal absorption of pirtobrutinib. History of bleeding diathesis Simultaneously active participation in another clinical study involving an investigational medicinal product within 30 days prior to enrolment Previous treatment with an anti-CD20 directed bispecific antibody Previous treatment with a BTKi Previous CART treatment Steroid therapy (prednisolone 100mg daily or equivalent for up to 14 days are permitted during screening for control of lymphoma related symptoms) Targeted agents, investigational agents, therapeutic monoclonal antibodies/antibody drug conjugates or cytotoxic chemotherapy must be completed 5 half-lives or 2 weeks (whichever is longer) prior to study treatment History of allogeneic transplantation Major surgery or significant traumatic injury within 28 days of screening, major surgery does not include uncomplicated lymph node resection/ laparoscopy for the diagnosis of MCL Requirement of therapeutic anticoagulation with a vitamin K antagonist (warfarin, phenprocoumon) or of treatment with strong CYP3A4 inhibitors or inducers Immunoconjugated antibody treatment within 10 weeks prior to enrolment Broad field radiation ( 30% of the bone marrow or whole brain radiotherapy) must be completed 14 days prior to treatment start. Palliative limited field radiation must be completed 7 days prior to treatment start. Subjects with a physical or psychiatric condition which at the investigators discretion may put the subject at risk, may confound the study results, or may interfere with the subjects participation in this clinical study Prior treatment-related AEs must have recovered to Grade 1 with the exception of alopecia and Grade 2 peripheral neuropathy. Known or persistent abuse of medication, drugs, or alcohol. Serious concomitant disease interfering with a regular therapy according to the study protocol: Clinically significant cardiovascular disease such as symptomatic arrhythmias, congestive heart failure, unstable angina, myocardial infarction, cardiac angioplasty or stenting within 12 months of Screening, or any Class 3 (moderate) or Class 4 (severe) cardiac disease as defined by the New York Heart Association Functional Classification Prolongation of the QT interval corrected for heart rate (QTcF) > 470 msec on at least 2/3 consecutive electrocardiograms (ECGs), and mean QTcF > > 470 msec on all 3 ECGs, during screening. QTcF is calculated using Fridericias formula (QTcF): QTcF = QT/(RR*0.33) Severe endocrinological conditions (e.g. severe, not sufficiently controlled diabetes mellitus). Current or planned pregnancy (during the study or within 1 month of the last study treatment) or nursing women (within 1 week from the last study treatment) History of or active malignancy other than MCL, non-melanoma skin cancer, carcinoma in situ (eg, cervix, bladder, breast). History of localized prostate cancer acceptable only if diseasefree and PSA within normal range for at least 3 years

# Calendar

(Last Update: 22/05/2026)

| Authorization | Start of Trial | First patient inclusion | Halted | Restarted |
|---|---|---|---|---|
| 14/08/2025 | 26/11/2025 | 12/01/2026 | Not aported | Not aported |

| End of recruitment | Premature end (Spain) | Premature End (Global) | Trial end (Spain) | Trial end (Global) |
|---|---|---|---|---|
| Not aported | Not aported | Not aported | Not aported | Not aported |

# Sponsor

## Klinikum der Universitaet Muenchen AöR Germany

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**Contact Person**

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**Monetary support: N/A**

**Sponsor type: No commercial**

# Ceim

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# Sites

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BARCELONA

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**Hospital Universitario De La Princesa**

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GRANADA

Hematology and Hemotherapy Department

Active (19/01/2026)

**Institut Catala D´oncologia**

Badalona

BARCELONA

Hematology/Oncology

# Medication

### PIRTOBRUTINIB
TABLET
ORAL

-

Active Principles: N/A

Experimental

### OBINUTUZUMAB
CONCENTRATE FOR SOLUTION FOR INJECTION
INTRAVENIOUS INFUSION

-

Active Principles: N/A

Experimental

### Columvi 10 mg concentrate for solution for infusion
SOLUTION FOR INFUSION
INFUSION

-

Active Principles: N/A

Orphan

Experimental

# No results