

Study of the Infusion of ARI-0001 Cells in Patients With CD19 + Acute Lymphoid Leukemia Resistant or Refractory to Therapy

Estado Reclutando	Tipo de Participantes No aportado	Rangos de Edad Mayores de 64 , Adultos (18-64 años)
Género Ambos	Fases Fase II	Participantes esperados 32
Resultados Sin resultados	Bajo nivel intervención No	Enfermedad rara No
Cobertura geográfica Multicéntrico nacional	Ámbitos del ensayo seguridad, eficacia	Terapia avanzada Terapia génica

Información

Identificador 2024-513601-31-00 (CTIS)	Cod. Protocolo CART19-BE-02
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Transicionado 2019-003038-17

Área terapéutica
Enfermedades [C] - Cáncer [C04]

Enfermedad investigada
Acute lymphoid leukemia

Título Científico
Phase 2 study of the infusion of differentiated autologous T-cells from peripheral blood, expanded and transduced with a lentivirus to express a chimeric antigen receptor with anti-CD19 specificity (A3B1) conjugated with the co-stimulatory regions 4-1BB and CD3z (ARI-0001 cells) in patients with CD19+ acute lymphoid leukemia resistant or refractory to therapy

Justificación

No aportado

Objetivo Principal

To assess the efficacy (in terms of response rate and duration) of the infusion of ARI-0001 cells (Adult differentiated autologous T-cells from peripheral blood, expanded and transduced with a lentivirus to express a chimeric antigen receptor with anti-CD19 specificity [A3B1] conjugated to the 4-aBB and CD3z co-stimulatory regions) in patients with resistant or refractory CD19+ acute lymphoid leukemia

Variables de Evaluación Primaria

Response rate with measurable residual disease negative by multiparametric flow cytometry 28 days after infusion of ARI-0001 cells.

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

Assess adverse events occurring at 3 months and per year
To assess overall survival after infusion of ARI-0001
To evaluate the duration of ARI-0001 cells in peripheral blood, bone marrow and CSF after administration

Variables de Evaluación Secundaria

Duration of response
Best response during the first 3 months of follow-up after administration of the first fractioned dose of ARI-0001
Progression-free survival at 6 months and 1 year of the infusion and after the signature of informed consent.
Overall Survival (OS) at 1 year of the infusion and after the informed consent form signature
Assessment of ARI-0001 cell toxicity considering special interest in the following adverse events: CRS (cytokine release syndrome), encephalopathy associated with CARs (ICANS) and cerebral edema. Mortality related to study procedures and adverse events grade 3-4 will be evaluated at month 3 and year 1. Intensity will be assessed using CTCAE version 5.0 scale. To evaluate CRS and neurotoxicity ASTCT criteria will be used.
In vivo survival of ARI-0001 cells in peripheral blood, bone marrow and cerebrospinal fluid, to be determined by flow cytometry and quantitative transgene PCR with monthly frequency in the first 6 months and thereafter quarterly up to 2 years of infusion

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

Diagnoses of CD19+ acute lymphoid leukemia, with a life expectancy of less than 2 years that meet the following conditions: Relapsed/refractory not candidate for transplantation (due to associated diseases or absence of donor) or in allogenic post-transplant relapse.

Measurable disease understood as the presence of measurable residual disease by flow cytometry in bone marrow or peripheral blood

Age less than 70 years (from 18 to 70)

ECOG functional status from 0 to 2

Life expectancy of at least 3 months.

Adequate venous access to perform a lymphapheresis. Absence of contraindications for it

Signature of informed consent

Criterios de Exclusión

Treatment with any experimental or non-marketed substance within four weeks prior to recruitment, or actively participating in another therapeutic trial Positive serology for hepatitis B, defined as a positive test for HBsAg. In addition, if the patient is HBsAg negative but has anti-HBc antibodies it will be necessary to perform a DNA test of the hepatitis B virus, and if the result is positive the patient will be excluded Positive serology for hepatitis C, defined as a positive test for anti-VHC antibodies confirmed by RIBA Concurrent uncontrolled medical illnesses including cardiac, renal, hepatic, gastrointestinal, endocrine, pulmonary, neurological or psychiatric diseases that in the opinion of the investigator are potential risk factors to the patient Severe organ involvement, defined as cardiac ejection fraction <40%; DLCO <40%; calculated glomerular filtrate <30 ml/min; or bilirubin > 3 times the upper limit of normality (unless Gilbert syndrome) Pregnant or lactating women. Woman of childbearing potential should have a negative pregnancy test in the screening phase. Women of childbearing potential, including those whose last menstrual cycle was in the year prior to screening, who are unable or unwilling to use highly effective contraceptive methods* from the start of the study to the completion of the study. Men who cannot or do not wish to use highly effective contraceptive methods* from the beginning of the study until the end of the study Previous treatment with CART therapy (commercial or experimental) Diagnosis of another neoplasm, past or present. Patients may be included in complete remission for more than 3 years, or have a history of non-melanoma skin cancer or in-situ carcinoma resected completely. Relief of central nervous system (CNS-3) at the time of inclusion. Inclusion will be permitted in patients with a lower grade (CNS-2) or CNS-3 who have responded to intrathecal chemotherapy Isolated extramedullary involvement (i.e. in the absence of minimal residual disease in peripheral blood, bone marrow, or cerebrospinal fluid) Early relapse after transplantation (less than 3 months for mononuclear cell apheresis, less than 6 months for infusion of ARI-0001) Active immunosuppressive treatment for graft-versus-host disease and other diseases. The use of corticosteroids to control leukaemia at the time of inclusion should be limited as much as possible and should be discontinued prior to infusion of ARI-0001 cells. Active infection requiring systemic medical treatment such as chronic kidney infection, chronic lung infection or tuberculosis. HIV infection

Calendario

(Última actualización: 24/10/2024)

Autorización 18/09/2020	Inicio de Ensayo 11/05/2021	Inclusión Primer Paciente 19/05/2021	Interrumpido No aportado	Reiniciado No aportado
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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
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Promotor

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Monetary support: N/A

Tipo de promotor: Comercial

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Centros

Activo (18/01/2022)	CLINICA UNIVERSIDAD DE NAVARRA Pamplona/Iruña NAVARRA
Activo (28/01/2022)	Complejo Asistencial Universitario De Salamanca Salamanca SALAMANCA
Activo (11/05/2021)	HOSPITAL CLINIC DE BARCELONA Barcelona BARCELONA
Activo (21/12/2021)	HOSPITAL CLINICO UNIVERSITARIO VIRGEN DE LA ARRIXACA Murcia MURCIA
Activo (07/03/2022)	HOSPITAL UNIVERSITARI GERMANS TRIAS I PUJOL DE BADALONA Badalona BARCELONA
Activo (28/01/2022)	HOSPITAL UNIVERSITARIO 12 DE OCTUBRE Madrid MADRID

Medicamentos

PARACETAMOL

CAPSULE, HARD
ORAL

-

Principios Activos: N/A

Experimental

FLUDARABINE

SOLUTION FOR INFUSION
INTRAVENOUS INFUSION

-

Principios Activos: N/A

Experimental

Varnimcabtagene autoleucel

DISPERSION FOR INFUSION
INTRAVENOUS INFUSION

-

Principios Activos: N/A

Experimental

CYCLOPHOSPHAMIDE

SOLUTION FOR INJECTION/INFUSION
INTRAVENOUS INFUSION

-

Principios Activos: N/A

Experimental

DEXCHLORPHENIRAMINE

TABLET
ORAL

-

Principios Activos: N/A

Experimental

BENDAMUSTINE

SOLUTION FOR INFUSION
INTRAVENOUS INFUSION

-

Principios Activos: N/A

Experimental

TOCILIZUMAB

CONCENTRATE FOR SOLUTION FOR INFUSION
INTRAVENOUS INFUSION

-

Principios Activos: N/A

Experimental

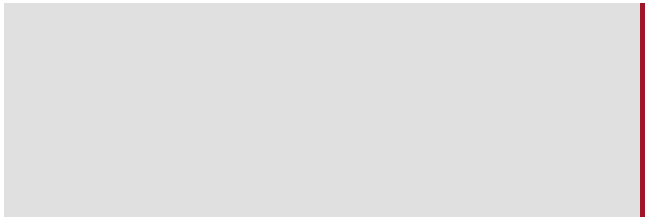
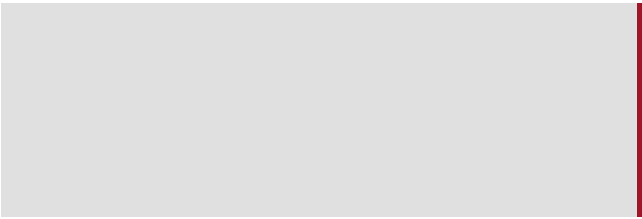
ALLOPURINOL

TABLET
ORAL

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Principios Activos: N/A

Experimental



Sin resultados

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State
Recruiting

Type of participants
Not provided

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

Gender
Both

Phases
Phase II

Expected Participants
32

Results
No results

Low level of intervention
No

Rare disease
No

Geographic coverage
National multicenter

Areas of the study
safety, effectiveness

Advanced therapy
Gene therapy

Information

Identifier
2024-513601-31-00 (CTIS)

Protocol Code
CART19-BE-02

Transitioned 2019-003038-17

Therapeutic area
Diseases [C] - Cancer [C04]

Investigated Disease
Acute lymphoid leukemia

Scientific Title
Phase 2 study of the infusion of differentiated autologous T-cells from peripheral blood, expanded and transduced with a lentivirus to express a chimeric antigen receptor with anti-CD19 specificity (A3B1) conjugated with the co-stimulatory regions 4-1BB and CD3z (ARI-0001 cells) in patients with CD19+ acute lymphoid leukemia resistant or refractory to therapy

Rationale

Not provided

Main Objective

To assess the efficacy (in terms of response rate and duration) of the infusion of ARI-0001 cells (Adult differentiated autologous T-cells from peripheral blood, expanded and transduced with a lentivirus to express a chimeric antigen receptor with anti-CD19 specificity [A3B1] conjugated to the 4-aBB and CD3z co-stimulatory regions) in patients with resistant or refractory CD19+ acute lymphoid leukemia

Primary Endpoints

Response rate with measurable residual disease negative by multiparametric flow cytometry 28 days after infusion of ARI-0001 cells.

Temporary moments of secondary assessment

Not provided

Secondary Objective

Assess adverse events occurring at 3 months and per year

To assess overall survival after infusion of ARI-0001

To evaluate the duration of ARI-0001 cells in peripheral blood, bone marrow and CSF after administration

Secondary Endpoints

Duration of response

Best response during the first 3 months of follow-up after administration of the first fractioned dose of ARI-0001

Progression-free survival at 6 months and 1 year of the infusion and after the signature of informed consent.

Overall Survival (OS) at 1 year of the infusion and after the informed consent form signature

Assessment of ARI-0001 cell toxicity considering special interest in the following adverse events: CRS (cytokine release syndrome), encephalopathy associated with CARs (ICANS) and cerebral edema. Mortality related to study procedures and adverse events grade 3-4 will be evaluated at month 3 and year 1. Intensity will be assessed using CTCAE version 5.0 scale. To evaluate CRS and neurotoxicity ASTCT criteria will be used.

In vivo survival of ARI-0001 cells in peripheral blood, bone marrow and cerebrospinal fluid, to be determined by flow cytometry and quantitative transgene PCR with monthly frequency in the first 6 months and thereafter quarterly up to 2 years of infusion

Temporary moments of secondary assessment

Not provided

Inclusion criteria

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Calendar

(Last Update: 24/10/2024)

Authorization 18/09/2020	Start of Trial 11/05/2021	First patient inclusion 19/05/2021	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

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Monetary support: N/A

Sponsor type: Commercial

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Sites

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Active (28/01/2022)	HOSPITAL UNIVERSITARIO 12 DE OCTUBRE Madrid MADRID

Medication

PARACETAMOL

CAPSULE, HARD
ORAL

-

Active Principles: N/A

Experimental

FLUDARABINE

SOLUTION FOR INFUSION
INTRAVENOUS INFUSION

-

Active Principles: N/A

Experimental

Varnimcabtogene autoleucel

DISPERSION FOR INFUSION
INTRAVENOUS INFUSION

-

Active Principles: N/A

Experimental

CYCLOPHOSPHAMIDE

SOLUTION FOR INJECTION/INFUSION
INTRAVENOUS INFUSION

-

Active Principles: N/A

Experimental

DEXCHLORPHENIRAMINE

TABLET
ORAL

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Active Principles: N/A

Experimental

BENDAMUSTINE

SOLUTION FOR INFUSION
INTRAVENOUS INFUSION

-

Active Principles: N/A

Experimental

TOCILIZUMAB

CONCENTRATE FOR SOLUTION FOR INFUSION
INTRAVENOUS INFUSION

-

Active Principles: N/A

Experimental

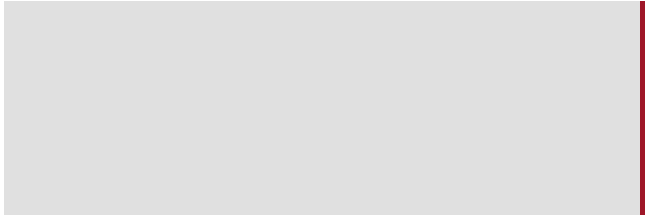
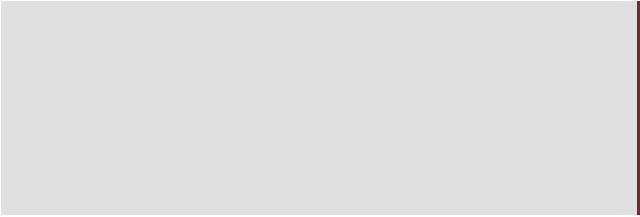
ALLOPURINOL

TABLET
ORAL

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Active Principles: N/A

Experimental



No results