

Study of efficacy and safety of asciminib in addition to imatinib in CML-CP patients without a deep level or response on imatinib

Estado EC Finalizado	Tipo de Participantes No aportado	Rangos de Edad Mayores de 64 , Adultos (18-64 años)
Género Ambos	Fases Fase II	Participantes esperados 91
Resultados Tiene resultados	Bajo nivel intervención No	Enfermedad rara No
Cobertura geográfica Multicéntrico internacional	Ámbitos del ensayo seguridad, eficacia, farmacocinética	Terapia avanzada NO

Información

Identificador 2024-515040-23-00 (CTIS)	Cod. Protocolo CABL001E2201
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Transicionado 2018-001594-24

Área terapéutica

Enfermedades [C] - Cáncer [C04]

Enfermedad investigada

Chronic Myelogenous Leukemia in chronic phase (CML-CP), previously treated with imatinib and have not achieved deep molecular response

Título Científico

A phase 2, multi-center, open-label, randomized study of oral asciminib added to imatinib versus continued imatinib versus switch to nilotinib in patients with CML-CP who have been previously treated with imatinib and have not achieved deep molecular response

Justificación

No aportado

Objetivo Principal

The primary objective of this study is to assess whether asciminib 40 mg once daily (QD) + imatinib 400 mg QD or asciminib 60 mg QD + imatinib 400 mg QD is more effective than continued imatinib by testing the MR4.5 rate at 48 weeks.

Variables de Evaluación Primaria

Molecular Response (MR)4.5 rate at 48 weeks

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

To estimate efficacy of switch to nilotinib assessed by the MR4.5 rate at 48 weeks.

To estimate difference in efficacy between asciminib 60 mg + imatinib and switch to nilotinib considering the difference in MR4.5 rate at 48 weeks.

To estimate difference in efficacy between asciminib 40 mg + imatinib and switch to nilotinib considering the difference in MR4.5 rate at 48 weeks.

To assess additional parameters of the efficacy of asciminib 60 mg or 40 mg added to imatinib versus continued imatinib or switch to nilotinib i.e. the rate of MR4.5 at 96 weeks, rate of MR4.5 by 48 and 96 weeks, sustained MR4.5 at 96 weeks and time to MR4.5.

To characterize the safety and tolerability profile of asciminib 60 mg or 40 mg + imatinib versus continued imatinib or switch to nilotinib by comparing the incidence and severity of adverse events (AEs), changes in laboratory values, clinically notable ECG abnormalities and vital signs.

To assess the pharmacokinetic profile of asciminib 60 mg or 40 mg and imatinib when administered in combination.

Variables de Evaluación Secundaria

Molecular Response (MR)4.5 rate at 48 weeks Difference in rate of MR4.5 at 48 weeks

Rate of MR4.5 at 96 weeks Rate of MR4.5 by 48 and 96 weeks Sustained MR4.5 at 96 weeks Time to MR4.5

Incidence and severity of adverse events, changes in laboratory values, clinically notable ECG abnormalities and vital signs

Plasma concentrations of asciminib and imatinib when administered in combination. PK parameters include but are not limited to Cmax, Tmax, Cmin, AUClast and AUCtau

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

Signed informed consent must be obtained prior to participation in the study. Male or female patients 18 years of age with a confirmed diagnosis of CMLCP. Minimum of one year (12 calendar months) treatment with imatinib first line for CML-CP (patients have to be on imatinib 300 mg QD or higher). BCR-ABL1 levels > 0.01% IS and 1% IS at the time of study entry as confirmed with a central assessment at screening; patients must not have achieved deep molecular response (MR4 IS) at any time during prior imatinib treatment. Patient must meet the following laboratory values before randomization: Absolute Neutrophil Count 1.5×10^9 L Platelets 75×10^9 /L Hemoglobin 9 g/dL Serum creatinine (sCr) < 1.5 mg/dL Total bilirubin (TBL) 1.5 x upper limit of normal (ULN) except for patients with Gilberts syndrome who may only be included with total bilirubin 3.0 x ULN Aspartate aminotransaminase (AST) 3.0 x ULN Alanine aminotransaminase (ALT) 3.0 x ULN Alkaline phosphatase (ALP) 2.5 x ULN Serum lipase 1.5 x ULN. For serum lipase > ULN - 1.5 x ULN, value must be considered not clinically significant and not associated with risk factors for acute pancreatitis Patients must have the following laboratory values (lower limit of normal (LLN)) or corrected to within normal limits with supplements prior to randomization: Potassium (potassium increase of up to 6.0 mmol/L is acceptable if associated with creatinine clearance* within normal limits) Total calcium (corrected for serum albumin); (calcium increase of up to 12.5 mg/dl or 3.1 mmol/L is acceptable if associated with creatinine clearance* within normal limits) Magnesium (magnesium increase up to 3.0 mg/dL or 1.23 mmol/L if associated with creatinine clearance* within normal limits. *Creatinine clearance as calculated using Cockcroft-Gault formula

Criterios de Exclusión

Treatment failure according to ELN 2013 criteria during imatinib treatment.

Known second chronic phase of CML after previous progression to accelerated phase/blast crisis (AP/BC).

Previous treatment with any TKIs other than imatinib

History or current diagnosis of ECG abnormalities indicating significant risk or safety for subjects participating in the study such as: History of myocardial infarction (MI), angina pectoris, coronary artery bypass graft (CABG) within 6 months prior to randomization Concomitant clinically significant arrhythmias, e.g. sustained ventricular tachycardia, and clinically significant second or third degree atrioventricular (AV) block without a pacemaker Resting QTcF 450 msec (male) or 460 msec (female) prior to randomization Long QT syndrome, family history of idiopathic sudden death or congenital long QT syndrome, or any of the following Risk factors for Torsades de Pointes including uncorrected hypokalemia or hypomagnesemia, history of cardiac failure, or history of clinically significant/symptomatic bradycardia Concomitant medications with a "known" risk of Torsades de Pointes per qtdrugs.org that cannot be discontinued or replaced by safe alternative medication inability to determine the QTcF interval

Severe and/or uncontrolled concurrent medical disease that in the opinion of the investigator could cause unacceptable safety risks or compromise compliance with the protocol (e.g. uncontrolled diabetes, active or uncontrolled infection, uncontrolled clinically significant hyperlipidemia and high serum amylase).

History of acute pancreatitis within 1 year prior to randomization or past medical history of chronic pancreatitis or history of acute or chronic liver disease.

History of other active malignancy within 3 years prior to randomization with the exception of basal cell skin cancer, indolent prostate cancer and carcinoma in situ treated curatively.

Calendario

(Última actualización: 09/04/2025)

Autorización 21/09/2018	Inicio de Ensayo 16/10/2018	Inclusión Primer Paciente 09/01/2019	Interrumpido No aportado	Reiniciado No aportado
Fin de reclutamiento 07/02/2024	Fin prematuro (España) No aportado	Fin prematuro (Global) No aportado	Fin del ensayo en España 26/02/2025	Fin del ensayo global 27/02/2025

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 Provincial de Sevilla

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Centros

Cerrado (26/02/2025)

HOSPITAL RAMÓN Y CAJAL

Madrid

MADRID

Cerrado (26/02/2025)

HOSPITAL UNIVERSITARI I
POLITÈCNIC LA FE

Valencia

VALENCIA

Cerrado (20/08/2020)

HOSPITAL UNIVERSITARIO DE GRAN
CANARIA DR. NEGRÍN

Palmas de Gran Canaria, Las

LAS PALMAS

Cerrado (26/02/2025)

HOSPITAL VIRGEN MACARENA

Sevilla

SEVILLA

Cerrado (26/02/2025)

Institut Catala D'oncologia

Badalona

BARCELONA

Medicamentos

Scemblix 20 mg film-coated tablets

FILM-COATED TABLET

ORAL USE

Código ATC: L01EA06 - ASCIMINIB

Principios Activos: N/A

Huérfano

Experimental

Scemblix 40 mg film-coated tablets

FILM-COATED TABLET

ORAL USE

Código ATC: L01EA06 - ASCIMINIB

Principios Activos: N/A

Huérfano

Experimental

NILOTINIB

CAPSULE, HARD

ORAL USE

Principios Activos: N/A

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CAPSULE, HARD

ORAL USE

Principios Activos: N/A

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IMATINIB

FILM-COATED TABLET

ORAL USE

Principios Activos: N/A

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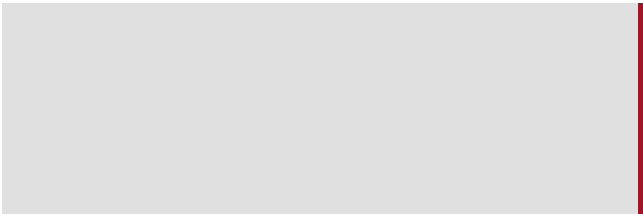
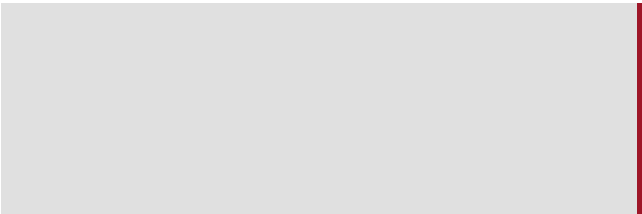
ORAL USE

Código ATC: L01EA06 - ASCIMINIB

Principios Activos: N/A

Huérfano

Experimental



IMATINIB
FILM-COATED TABLET
ORAL USE

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Principios Activos: N/A

Experimental

Tiene resultados

Study of efficacy and safety of asciminib in addition to imatinib in CML-CP patients without a deep level or response on imatinib

State
Finished CT

Type of participants
Not provided

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

Gender
Both

Phases
Phase II

Expected Participants
91

Results
Has results

Low level of intervention
No

Rare disease
No

Geographic coverage
International multicenter

Areas of the study
safety, effectiveness, pharmacokinetics

Advanced therapy
NO

Information

Identifier
2024-515040-23-00 (CTIS)

Protocol Code
CABL001E2201

Transitioned 2018-001594-24

Therapeutic area
Diseases [C] - Cancer [C04]

Investigated Disease
Chronic Myelogenous Leukemia in chronic phase (CML-CP), previously treated with imatinib and have not achieved deep molecular response

Scientific Title
A phase 2, multi-center, open-label, randomized study of oral asciminib added to imatinib versus continued imatinib versus switch to nilotinib in patients with CML-CP who have been previously treated with imatinib and have not achieved deep molecular response

Rationale

Not provided

Main Objective

The primary objective of this study is to assess whether asciminib 40 mg once daily (QD) + imatinib 400 mg QD or asciminib 60 mg QD + imatinib 400 mg QD is more effective than continued imatinib by testing the MR4.5 rate at 48 weeks.

Primary Endpoints

Molecular Response (MR)4.5 rate at 48 weeks

Temporary moments of secondary assessment

Not provided

Secondary Objective

To estimate efficacy of switch to nilotinib assessed by the MR4.5 rate at 48 weeks.

To estimate difference in efficacy between asciminib 60 mg + imatinib and switch to nilotinib considering the difference in MR4.5 rate at 48 weeks.

To estimate difference in efficacy between asciminib 40 mg + imatinib and switch to nilotinib considering the difference in MR4.5 rate at 48 weeks.

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Secondary Endpoints

Molecular Response (MR)4.5 rate at 48 weeks Difference in rate of MR4.5 at 48 weeks

Rate of MR4.5 at 96 weeks Rate of MR4.5 by 48 and 96 weeks Sustained MR4.5 at 96 weeks Time to MR4.5 Incidence and severity of adverse events, changes in laboratory values, clinically notable ECG abnormalities and vital signs

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Temporary moments of secondary assessment

Not provided

Inclusion criteria

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Exclusion criteria

Treatment failure according to ELN 2013 criteria during imatinib treatment.

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Calendar

(Last Update: 09/04/2025)

Authorization 21/09/2018	Start of Trial 16/10/2018	First patient inclusion 09/01/2019	Halted Not aported	Restarted Not aported
End of recruitment 07/02/2024	Premature end (Spain) Not aported	Premature End (Global) Not aported	Trial end (Spain) 26/02/2025	Trial end (Global) 27/02/2025

Sponsor

Novartis Pharma AG Switzerland
Lichtstrasse 35

Contact Person

Novartis Pharma Arzneimittel GmbH
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legal.representative@novartis.com

Monetary support: N/A
Sponsor type: Commercial

Ceim

CEIm Provincial de Sevilla
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955043127

Sites

Closed (26/02/2025)	HOSPITAL RAMÓN Y CAJAL Madrid MADRID
Closed (26/02/2025)	HOSPITAL UNIVERSITARI I POLITÈCNIC LA FE Valencia VALENCIA
Closed (20/08/2020)	HOSPITAL UNIVERSITARIO DE GRAN CANARIA DR. NEGRÍN Palmas de Gran Canaria, Las LAS PALMAS
Closed (26/02/2025)	HOSPITAL VIRGEN MACARENA Sevilla SEVILLA
Closed (26/02/2025)	Institut Catala D'oncologia Badalona BARCELONA

Medication

Scemblix 20 mg film-coated tablets

FILM-COATED TABLET

ORAL USE

ATC code: L01EA06 - ASCIMINIB

Active Principles: N/A

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ATC code: L01EA06 - ASCIMINIB

Active Principles: N/A

Orphan

Experimental

NILOTINIB

CAPSULE, HARD

ORAL USE

-
Active Principles: N/A

Orphan

Experimental

NILOTINIB

CAPSULE, HARD

ORAL USE

-
Active Principles: N/A

Orphan

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IMATINIB

FILM-COATED TABLET

ORAL USE

-
Active Principles: N/A

Experimental

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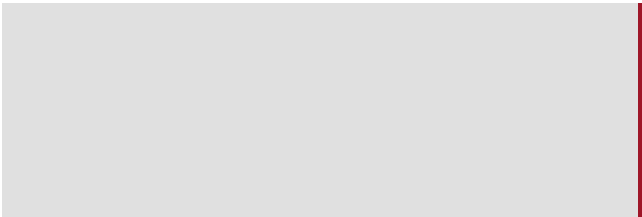
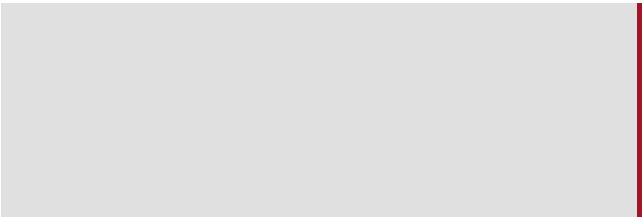
ORAL USE

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Active Principles: N/A

Orphan

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FILM-COATED TABLET
ORAL USE

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Active Principles: N/A

Experimental

Has results