# A Randomized Phase IIb Study, Evaluating Efficacy of Salvage Therapy with Brentuximab Vedotin-ESHAP vs ESHAP in Patients with Relapsed / Refractory Classical Hodgkins Lymphoma, Followed by Brentuximab Vedotin Consolidation (instead of Autologous Hematopoietic Stem Cell Transplantation) in Those who Attained a Metabolic Complete Remission after Salvage Therapy

| | | |
|---|---|---|
| **Estado** | **Tipo de Participantes** | **Rangos de Edad** |
| Fin Reclutamiento | No aportado | Adultos (18-64 años) |
| **Género** | **Fases** | **Participantes esperados** |
| Ambos | Fase II | 151 |
| **Resultados** | **Bajo nivel intervención** | **Enfermedad rara** |
| Sin resultados | No | No |
| **Cobertura geográfica** | **Ámbitos del ensayo** | **Terapia avanzada** |
| Multicéntrico internacional | tratamiento | NO |

## Información

### Identificador
2024-516149-38-00 (CTIS)

### Cod. Protocolo
No aportado

Transicionado 2019-002746-21

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

### Enfermedad investigada
Hodgkin Lymphoma

### Título Científico
A Randomized Phase IIb Study, Evaluating Efficacy of Salvage Therapy with Brentuximab Vedotin-ESHAP vs

ESHAP in Patients with Relapsed / Refractory Classical Hodgkins Lymphoma, Followed by Brentuximab Vedotin Consolidation (instead of Autologous Hematopoietic Stem Cell Transplantation) in Those who Attained a Metabolic Complete Remission after Salvage Therapy

## Justificación

No aportado

## Objetivo Principal

To determine metabolic complete remission (mCR) (PET-CT negative, Deauville scores 1-3) after 3 cycles of ESHAP-brentuximab vedotin (BV) vs ESHAP as salvage strategies in patients with relapsed / refractory classical Hodgkins Lymphoma (cHL)

## Variables de Evaluación Primaria

Treatment response based on Deauville scores 1, 2, 3 (Complete metabolic response) by PET-CT scan After the 3 first cycles of BV-ESHAP or ESHAP

## Momentos temporales de evaluación primaria

No aportado

## Objetivo Secundario

To assess 2-year progression free survival (PFS) in patients diagnosed with relapsed/refractory cHL, treated with BV consolidation (autoHCT) after attaining a mCR with second line therapy
To evaluate 2-year overall survival (OS) in patients treated with BV consolidation after attaining a mCR with second line therapy
To evaluate duration of response (DOR) in patients treated with BV consolidation after attaining a mCR with second line therapy
To assess time to progression (TTP) in patients treated with BV consolidation after attaining a mCR with second line therapy
To assess differences in hematological and non-hematological toxicities between ESHAP-BV vs ESHAP in patients with relapsed / refractory cHL
To quantify stem cell collection yield in patients treated with ESHAP-BV vs ESHAP
To assess impact of second line therapy: ESHAP-BV vs ESHAP on 2-year PFS
To compare the outcome of patients that attained less than mCR with second line therapy (BV containing vs non-BV based therapy), [assessing their overall response rate (ORR) and CR rates after the next line of therapy and autoHCT (if applicable), time to next therapy (TTNT) and OS]
To assess TTNT2 (defined as the time from study enrollment to initiation of a new line of therapy due to disease progression)
To evaluate the prognostic impact of a negative baseline PET-CT [determined by the Deauville criteria 1, 2 and 3) on PFS and OS in patients treated with ESHAP-BV vs ESHAP only
To evaluate the prognostic impact of metabolic tumor volume assessed by baseline PET-CT in PFS and OS in

patients treated with ESHAP-BV vs ESHAP only
To determine short-term and mid-term toxicity of ESHAP-BV and of BV consolidation, focusing on fertilityand secondary malignancies (evaluated yearly up to 3 years from the end of treatment)
To assess quality of life of patients (functional, emotional and social assessments) from the start of BV consolidation (assessed yearly up to 3 years) to the end of follow up.
To predict the risk to develop peripheral neuropathy (PN) and early detection of this complication by means of soluble sBDNF levels - polymorphisms
To explore the concordance between PEC-TC local and central evaluation

## Variables de Evaluación Secundaria

Two years Progression Free Survival (PFS): time from entry onto the study until lymphoma progression or death as a result of any cause
Two years Overall Survival (OS): time from entry onto the clinical trial until death as a result of any cause.
Duration of response (DOR): time from first documentation of CR or PR to disease progression or death from any cause, whichever occurs first
Time to Progression (TTP): time from study entry until lymphoma progression or death as a result of lymphoma
Time to Next Treatment (TTNT): time from the end of primary treatment until the onset of the next therapy
Time to Next Treatment 2 (TTNT2): time from study enrollment to initiation of second line of therapy due to disease progression
Overall response rate, complete response rate after the 3 first cycles of BV-ESHAP or ESHAP
Prognostic impact of metabolic tumor volume
Quality of life of patients
Safety and tolerability As assessed by type, frequency, and severity for AEs and relationship with study treatment of AEs Focusing on fertility (evaluated yearly up to 3 years from the end of treatmentand secondary malignancies (3 years follow up for secondary malignancies

## Momentos temporales de evaluación secundaria

No aportado

## Criterios de Inclusión

Male or female patients 18 years or older up to 65 years of age Voluntary written informed consent must be given before performance of any study-related procedure not part of standard medical care, with the understanding that consent may be withdrawn by the patient at any time without prejudice to future medical care Female patient is either post-menopausal for at least 1 year before the screening visit or surgically sterile or if of childbearing potential, agree to practice 2 effective methods of contraception, at the same time, from the time of signing the informed consent through 6 months after the last dose of study drug, or agrees to completely abstain from heterosexual intercourse Male patients, even if surgically sterilized, (i.e., status post-vasectomy) agree to practice effective barrier contraception during the entire study period and through 6 months after the last dose of study drug, or agrees to completely abstain from heterosexual intercourse ECOG performance status 0 to 2 Measurable disease at time of enrolment (lymphadenopathy/ extranodal mass of at least 1.5 cm) No evidence of neuropathy grade 2 Clinical laboratory values as specified below within 7 days before the first dose of study drug: Absolute neutrophil count 1,500/µL unless there is known hematologic/solid tumor marrow involvement; Platelet count 75,000/ µL unless there is known marrow involvement of the disease; Total bilirubin must be < 1.5 x the upper limit of the normal (ULN) unless the elevation is known to be due to Gilbert syndrome; ALT or AST must be < 3 x the upper limit of the normal range; AST and ALT may be elevated up to 5 times the ULN if their elevation can be reasonably ascribed to the presence of hematologic/solid tumor in liver; Serum creatinine must be < 2.0 mg/dL and/or creatinine clearance or

calculated creatinine clearance > 40 mL/minute; Hemoglobin must be 8g/dL

## Criterios de Exclusión

Lymphocyte predominant nodular Hodgkins lymphoma Patients that have not completed any prior treatment chemotherapy and/or other investigational agents within at least 5 half-lives (or 28 days if the half-lives are unknown) of last dose of that prior treatment Known hypersensitivity to recombinant proteins, murine proteins, or to any excipient contained in the drug formulation of brentuximab vedotin Known human immunodeficiency virus (HIV) positive (in case of Anti-HIV positive result patient cannot be included in the study) Known hepatitis B surface or core antigen-positive (HBsAg/ HBcAg). In case of Anti HBc positive result, DNA-HBV must be determined and negative result will allow patient inclusion. Known or suspected active hepatitis C infection. In case of Anti-HCV positive result, RNA-HCV must be determined and negative result will allow patient inclusion. Focal radiation therapy within 30 days prior to study recruitment Major surgery within 28 days prior to randomization Diagnosed or treated for another malignancy within 3 years before the first dose or previously diagnosed with another malignancy and have evidence of residual disease. Patients with nonmelanoma skin cancer or carcinoma in situ of any type are not excluded if they have undergone complete resection Prior treatment with brentuximab vedotin Female patient who are both lactating and breast-feeding or have a positive serum pregnancy test during the screening period or a positive pregnancy test on Day 1 before first dose of study drug Any serious medical or psychiatric illness that could, in the investigators opinion, potentially interfere with the completion of treatment according to the protocol Known cerebral or meningeal disease (HL or any other etiology), including signs or symptoms of progressive multifocal leukoencephalopathy (PML Symptomatic neurologic disease compromising normal activities of daily living or requiring medic Any sensory or motor peripheral neuropathy greater than or equal to Grade 2 Known history of any of the following cardiovascular conditions: Myocardial infarction within 2 years of enrollment; New York Heart Association (NYHA) Class III or IV heart failure; Evidence of current uncontrolled cardiovascular conditions, including cardiac arrhythmias, congestive heart failure (CHF), angina, or electrocardiographic evidence of acute ischemia or active conduction system abnormalities; Recent evidence (within 6 months before first dose of study drug) of a left-ventricular ejection fraction <50% Any active systemic viral, bacterial, or fungal infection requiring systemic antibiotics within 2 weeks prior to first study drug dose

# Calendario

(Última actualización: 29/10/2024)

| Autorización | Inicio de Ensayo | Inclusión Primer Paciente | Interrumpido | Reiniciado |
|---|---|---|---|---|
| 29/04/2020 | 05/06/2020 | 05/06/2020 | No aportado | No aportado |

| Fin de reclutamiento | Fin prematuro (España) | Fin prematuro (Global) | Fin del ensayo en España | Fin del ensayo global |
|---|---|---|---|---|
| 04/10/2023 | No aportado | No aportado | No aportado | No aportado |

# Promotor

### Fundacion Geltamo Spain

**Avenida Valdecilla Sn**

**Contact Person**

Ana Méndez López

**942203450**

**administracion@geltamo.com**

**Monetary support: N/A**

**Tipo de promotor: Comercial**

# Ceim

### CEIm Hospital Universitari de Bellvitge

**Feixa Llarga, s/n - Antiguo Módulo Banco de Santander 08907 Hospitalet de Llobregat**

**presidenciaceic@bellvitgehospital.cat**

# Centros

Activo (02/06/2020)

**COMPLEXO HOSPITALARIO UNIVERSITARIO A CORUÑA**

Coruña, A

CORUÑA

Activo (18/08/2020)

**HOSPITAL CLÍNIC DE BARCELONA**

Barcelona

BARCELONA

Activo (08/09/2020)

**HOSPITAL CLÍNICO UNIVERSITARIO DE VALENCIA**

Valencia

VALENCIA

No iniciado (27/05/2021)

**HOSPITAL COSTA DEL SOL**

Marbella

MÁLAGA

Servicio de Hematología

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

**Hospital Costa Del Sol**

Marbella

MÁLAGA

Hematology

Activo (16/07/2020)

**HOSPITAL DE LA SANTA CREU I SANT PAU**

Barcelona

BARCELONA

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

**Hospital De La Santa Creu I Sant Pau**

Barcelona

BARCELONA

Hematology

No iniciado (27/05/2021)

**HOSPITAL DEL MAR.**

Barcelona

BARCELONA

Servicio de Hematología

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

**Hospital General Universitario Gregorio Maranon**

Madrid

MADRID

Hematology

Activo (05/10/2020)

**HOSPITAL GENERAL UNIVERSITARIO GREGORIO MARAÑÓN**

Madrid

MADRID

Activo (11/06/2020)

**HOSPITAL GENERAL UNIVERSITARIO J.M. MORALES MESEGUER**

Murcia

MURCIA

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

**Hospital General Universitario Morales Meseguer**

Murcia

MURCIA

Hematology

Activo (20/05/2020)

**HOSPITAL RAMÓN Y CAJAL**

Madrid

MADRID

No iniciado (27/05/2021)

**HOSPITAL SON LLATZER**

Palma de Mallorca

BALEARES

Servicio de Hematología

Activo (05/06/2020)

**HOSPITAL UNIVERSITARIO CENTRAL DE ASTURIAS**

Oviedo

ASTURIAS

Activo (03/07/2020)

**HOSPITAL UNIVERSITARIO DE CRUCES**

Barakaldo

VIZCAYA/BIZKAIA

Activo (30/06/2020)

**HOSPITAL UNIVERSITARIO DE SALAMANCA**

Salamanca

SALAMANCA

No iniciado (27/05/2021)

**HOSPITAL UNIVERSITARIO DONOSTIA**

Donostia/San Sebastián

GUIPÚZCOA

Servicio de Hematología

Activo (23/11/2020)

**HOSPITAL UNIVERSITARIO FUNDACIÓN JIMÉNEZ DÍAZ**

Madrid

MADRID

No iniciado (27/05/2021)

**HOSPITAL UNIVERSITARIO INFANTA LEONOR**

Madrid

MADRID

Servicio de Hematología

No iniciado (27/05/2021)

**HOSPITAL UNIVERSITARIO LA PAZ**

Madrid

MADRID

Servicio de Hematología

Activo (14/10/2020)

**HOSPITAL UNIVERSITARIO MARQUÉS DE VALDECILLA**

Santander

CANTABRIA

No iniciado (27/05/2021)

**HOSPITAL UNIVERSITARIO MIGUEL SERVET**

Zaragoza

ZARAGOZA

Servicio de Hematología

Activo (12/08/2020)

**HOSPITAL UNIVERSITARIO VIRGEN DE LAS NIEVES**

Granada

GRANADA

Activo (03/09/2020)

**HOSPITAL UNIVERSITARIO VIRGEN DEL ROCÍO**

Sevilla

SEVILLA

Activo (30/10/2020)

**HOSPITAL UNIVERSITARIO Y POLITÉCNICO LA FE**

Valencia

VALENCIA

Activo (22/06/2020)

**HOSPITAL UNIVERSITARIO 12 DE OCTUBRE**

Madrid

MADRID

Activo (13/08/2020)

**Institut Catala D'oncologia**

Badalona

BARCELONA

Activo (19/05/2020)

**Institut Catala D'oncologia**

Hospitalet de Llobregat, L'

BARCELONA

# Medicamentos

**ADCETRIS 50 mg powder for concentrate for solution for infusion**

SOLUTION FOR INFUSION

INTRAVENOUS PERFUSION USE

**Código ATC: L01XC12 - BRENTUXIMAB VEDOTINA**

**Principios Activos: N/A**

**Experimental**

# Sin resultados

# A Randomized Phase IIb Study, Evaluating Efficacy of Salvage Therapy with Brentuximab Vedotin-ESHAP vs ESHAP in Patients with Relapsed / Refractory Classical Hodgkins Lymphoma, Followed by Brentuximab Vedotin Consolidation (instead of Autologous Hematopoietic Stem Cell Transplantation) in Those who Attained a Metabolic Complete Remission after Salvage Therapy

| | | |
|---|---|---|
| **State** | **Type of participants** | **Age Ranges** |
| End of recruitment | Not provided | Adults (18-64 years) |
| **Gender** | **Phases** | **Expected Participants** |
| Both | Phase II | 151 |
| **Results** | **Low level of intervention** | **Rare disease** |
| No results | No | No |
| **Geographic coverage** | **Areas of the study** | **Advanced therapy** |
| International multicenter | treatment | NO |

## Information

### Identifier
2024-516149-38-00 (CTIS)

### Protocol Code
No aportado

Transitioned 2019-002746-21

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

### Investigated Disease
Hodgkin Lymphoma

### Scientific Title
A Randomized Phase IIb Study, Evaluating Efficacy of Salvage Therapy with Brentuximab Vedotin-ESHAP vs

ESHAP in Patients with Relapsed / Refractory Classical Hodgkins Lymphoma, Followed by Brentuximab Vedotin Consolidation (instead of Autologous Hematopoietic Stem Cell Transplantation) in Those who Attained a Metabolic Complete Remission after Salvage Therapy

## Rationale

Not provided

## Main Objective

To determine metabolic complete remission (mCR) (PET-CT negative, Deauville scores 1-3) after 3 cycles of ESHAP-brentuximab vedotin (BV) vs ESHAP as salvage strategies in patients with relapsed / refractory classical Hodgkins Lymphoma (cHL)

## Primary Endpoints

Treatment response based on Deauville scores 1, 2, 3 (Complete metabolic response) by PET-CT scan After the 3 first cycles of BV-ESHAP or ESHAP

## Temporary moments of secondary assessment

Not provided

## Secondary Objective

To assess 2-year progression free survival (PFS) in patients diagnosed with relapsed/refractory cHL, treated with BV consolidation (autoHCT) after attaining a mCR with second line therapy
To evaluate 2-year overall survival (OS) in patients treated with BV consolidation after attaining a mCR with second line therapy
To evaluate duration of response (DOR) in patients treated with BV consolidation after attaining a mCR with second line therapy
To assess time to progression (TTP) in patients treated with BV consolidation after attaining a mCR with second line therapy
To assess differences in hematological and non-hematological toxicities between ESHAP-BV vs ESHAP in patients with relapsed / refractory cHL
To quantify stem cell collection yield in patients treated with ESHAP-BV vs ESHAP
To assess impact of second line therapy: ESHAP-BV vs ESHAP on 2-year PFS
To compare the outcome of patients that attained less than mCR with second line therapy (BV containing vs non-BV based therapy), [assessing their overall response rate (ORR) and CR rates after the next line of therapy and autoHCT (if applicable), time to next therapy (TTNT) and OS]
To assess TTNT2 (defined as the time from study enrollment to initiation of a new line of therapy due to disease progression)
To evaluate the prognostic impact of a negative baseline PET-CT [determined by the Deauville criteria 1, 2 and 3) on PFS and OS in patients treated with ESHAP-BV vs ESHAP only
To evaluate the prognostic impact of metabolic tumor volume assessed by baseline PET-CT in PFS and OS in

patients treated with ESHAP-BV vs ESHAP only
To determine short-term and mid-term toxicity of ESHAP-BV and of BV consolidation, focusing on fertilityand secondary malignancies (evaluated yearly up to 3 years from the end of treatment)
To assess quality of life of patients (functional, emotional and social assessments) from the start of BV consolidation (assessed yearly up to 3 years) to the end of follow up.
To predict the risk to develop peripheral neuropathy (PN) and early detection of this complication by means of soluble sBDNF levels - polymorphisms
To explore the concordance between PEC-TC local and central evaluation

## Secondary Endpoints

Two years Progression Free Survival (PFS): time from entry onto the study until lymphoma progression or death as a result of any cause
Two years Overall Survival (OS): time from entry onto the clinical trial until death as a result of any cause.
Duration of response (DOR): time from first documentation of CR or PR to disease progression or death from any cause, whichever occurs first
Time to Progression (TTP): time from study entry until lymphoma progression or death as a result of lymphoma
Time to Next Treatment (TTNT): time from the end of primary treatment until the onset of the next therapy
Time to Next Treatment 2 (TTNT2): time from study enrollment to initiation of second line of therapy due to disease progression
Overall response rate, complete response rate after the 3 first cycles of BV-ESHAP or ESHAP
Prognostic impact of metabolic tumor volume
Quality of life of patients
Safety and tolerability As assessed by type, frequency, and severity for AEs and relationship with study treatment of AEs Focusing on fertility (evaluated yearly up to 3 years from the end of treatmentand secondary malignancies (3 years follow up for secondary malignancies

## Temporary moments of secondary assessment

Not provided

## Inclusion criteria

Male or female patients 18 years or older up to 65 years of age Voluntary written informed consent must be given before performance of any study-related procedure not part of standard medical care, with the understanding that consent may be withdrawn by the patient at any time without prejudice to future medical care Female patient is either post-menopausal for at least 1 year before the screening visit or surgically sterile or if of childbearing potential, agree to practice 2 effective methods of contraception, at the same time, from the time of signing the informed consent through 6 months after the last dose of study drug, or agrees to completely abstain from heterosexual intercourse Male patients, even if surgically sterilized, (i.e., status post-vasectomy) agree to practice effective barrier contraception during the entire study period and through 6 months after the last dose of study drug, or agrees to completely abstain from heterosexual intercourse ECOG performance status 0 to 2 Measurable disease at time of enrolment (lymphadenopathy/ extranodal mass of at least 1.5 cm) No evidence of neuropathy grade 2 Clinical laboratory values as specified below within 7 days before the first dose of study drug: Absolute neutrophil count 1,500/µL unless there is known hematologic/solid tumor marrow involvement; Platelet count 75,000/ µL unless there is known marrow involvement of the disease; Total bilirubin must be < 1.5 x the upper limit of the normal (ULN) unless the elevation is known to be due to Gilbert syndrome; ALT or AST must be < 3 x the upper limit of the normal range; AST and ALT may be elevated up to 5 times the ULN if their elevation can be reasonably ascribed to the presence of hematologic/solid tumor in liver; Serum creatinine must be < 2.0 mg/dL and/or creatinine clearance or

calculated creatinine clearance > 40 mL/minute; Hemoglobin must be 8g/dL

## Exclusion criteria

Lymphocyte predominant nodular Hodgkins lymphoma Patients that have not completed any prior treatment chemotherapy and/or other investigational agents within at least 5 half-lives (or 28 days if the half-lives are unknown) of last dose of that prior treatment Known hypersensitivity to recombinant proteins, murine proteins, or to any excipient contained in the drug formulation of brentuximab vedotin Known human immunodeficiency virus (HIV) positive (in case of Anti-HIV positive result patient cannot be included in the study) Known hepatitis B surface or core antigen-positive (HBsAg/ HBcAg). In case of Anti HBc positive result, DNA-HBV must be determined and negative result will allow patient inclusion. Known or suspected active hepatitis C infection. In case of Anti-HCV positive result, RNA-HCV must be determined and negative result will allow patient inclusion. Focal radiation therapy within 30 days prior to study recruitment Major surgery within 28 days prior to randomization Diagnosed or treated for another malignancy within 3 years before the first dose or previously diagnosed with another malignancy and have evidence of residual disease. Patients with nonmelanoma skin cancer or carcinoma in situ of any type are not excluded if they have undergone complete resection Prior treatment with brentuximab vedotin Female patient who are both lactating and breast-feeding or have a positive serum pregnancy test during the screening period or a positive pregnancy test on Day 1 before first dose of study drug Any serious medical or psychiatric illness that could, in the investigators opinion, potentially interfere with the completion of treatment according to the protocol Known cerebral or meningeal disease (HL or any other etiology), including signs or symptoms of progressive multifocal leukoencephalopathy (PML Symptomatic neurologic disease compromising normal activities of daily living or requiring medic Any sensory or motor peripheral neuropathy greater than or equal to Grade 2 Known history of any of the following cardiovascular conditions: Myocardial infarction within 2 years of enrollment; New York Heart Association (NYHA) Class III or IV heart failure; Evidence of current uncontrolled cardiovascular conditions, including cardiac arrhythmias, congestive heart failure (CHF), angina, or electrocardiographic evidence of acute ischemia or active conduction system abnormalities; Recent evidence (within 6 months before first dose of study drug) of a left-ventricular ejection fraction <50% Any active systemic viral, bacterial, or fungal infection requiring systemic antibiotics within 2 weeks prior to first study drug dose

# Calendar

(Last Update: 29/10/2024)

| Authorization | Start of Trial | First patient inclusion | Halted | Restarted |
|---|---|---|---|---|
| 29/04/2020 | 05/06/2020 | 05/06/2020 | Not aported | Not aported |

| End of recruitment | Premature end (Spain) | Premature End (Global) | Trial end (Spain) | Trial end (Global) |
|---|---|---|---|---|
| 04/10/2023 | Not aported | Not aported | Not aported | Not aported |

# Sponsor

### Fundacion Geltamo Spain

**Avenida Valdecilla Sn**

**Contact Person**

Ana Méndez López

**942203450**

**administracion@geltamo.com**

**Monetary support: N/A**

**Sponsor type: Commercial**

# Ceim

### CEIm Hospital Universitari de Bellvitge

**Feixa Llarga, s/n - Antiguo Módulo Banco de Santander 08907 Hospitalet de Llobregat**

**presidenciaceic@bellvitgehospital.cat**

# Sites

Active (02/06/2020)

**COMPLEXO HOSPITALARIO UNIVERSITARIO A CORUÑA**

Coruña, A

CORUÑA

Active (18/08/2020)

**HOSPITAL CLÍNIC DE BARCELONA**

Barcelona

BARCELONA

Active (08/09/2020)

**HOSPITAL CLÍNICO UNIVERSITARIO DE VALENCIA**

Valencia

VALENCIA

not initialized (27/05/2021)

**HOSPITAL COSTA DEL SOL**

Marbella

MÁLAGA

Servicio de Hematología

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

**Hospital Costa Del Sol**

Marbella

MÁLAGA

Hematology

Active (16/07/2020)

**HOSPITAL DE LA SANTA CREU I SANT PAU**

Barcelona

BARCELONA

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

**Hospital De La Santa Creu I Sant Pau**

Barcelona

BARCELONA

Hematology

not initialized (27/05/2021)

**HOSPITAL DEL MAR.**

Barcelona

BARCELONA

Servicio de Hematología

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

**Hospital General Universitario Gregorio Maranon**

Madrid

MADRID

Hematology

Active (05/10/2020)

**HOSPITAL GENERAL UNIVERSITARIO GREGORIO MARAÑÓN**

Madrid

MADRID

Active (11/06/2020)

**HOSPITAL GENERAL UNIVERSITARIO J.M. MORALES MESEGUER**

Murcia

MURCIA

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

**Hospital General Universitario Morales Meseguer**

Murcia

MURCIA

Hematology

Active (20/05/2020)

**HOSPITAL RAMÓN Y CAJAL**

Madrid

MADRID

not initialized (27/05/2021)

**HOSPITAL SON LLATZER**

Palma de Mallorca

BALEARES

Servicio de Hematología

Active (05/06/2020)

**HOSPITAL UNIVERSITARIO CENTRAL DE ASTURIAS**

Oviedo

ASTURIAS

Active (03/07/2020)

**HOSPITAL UNIVERSITARIO DE CRUCES**

Barakaldo

VIZCAYA/BIZKAIA

Active (30/06/2020)

**HOSPITAL UNIVERSITARIO DE SALAMANCA**

Salamanca

SALAMANCA

not initialized (27/05/2021)

**HOSPITAL UNIVERSITARIO DONOSTIA**

Donostia/San Sebastián

GUIPÚZCOA

Servicio de Hematología

Active (23/11/2020)

**HOSPITAL UNIVERSITARIO FUNDACIÓN JIMÉNEZ DÍAZ**

Madrid

MADRID

not initialized (27/05/2021)

**HOSPITAL UNIVERSITARIO INFANTA LEONOR**

Madrid

MADRID

Servicio de Hematología

not initialized (27/05/2021)

**HOSPITAL UNIVERSITARIO LA PAZ**

Madrid

MADRID

Servicio de Hematología

Active (14/10/2020)

**HOSPITAL UNIVERSITARIO MARQUÉS DE VALDECILLA**

Santander

CANTABRIA

not initialized (27/05/2021)

**HOSPITAL UNIVERSITARIO MIGUEL SERVET**

Zaragoza

ZARAGOZA

Servicio de Hematología

Active (12/08/2020)

**HOSPITAL UNIVERSITARIO VIRGEN DE LAS NIEVES**

Granada

GRANADA

Active (03/09/2020)

**HOSPITAL UNIVERSITARIO VIRGEN DEL ROCÍO**

Sevilla

SEVILLA

Active (30/10/2020)

**HOSPITAL UNIVERSITARIO Y POLITÉCNICO LA FE**

Valencia

VALENCIA

Active (22/06/2020)

**HOSPITAL UNIVERSITARIO 12 DE OCTUBRE**

Madrid

MADRID

Active (13/08/2020)

**Institut Catala D'oncologia**

Badalona

BARCELONA

Active (19/05/2020)

**Institut Catala D'oncologia**

Hospitalet de Llobregat, L'

BARCELONA

# Medication

**ADCETRIS 50 mg powder for concentrate for solution for infusion**

SOLUTION FOR INFUSION

INTRAVENOUS PERFUSION USE

**ATC code: L01XC12 - BRENTUXIMAB VEDOTINA**

**Active Principles: N/A**

**Experimental**

# No results