A PHASE 1/2, OPEN-LABEL, MULTICENTER STUDY TO INVESTIGATE THE SAFETY, PHARMACOKINETICS AND EFFICACY OF CYC140, AN ORAL PLK1 INHIBITOR, IN SUBJECTS WITH ADVANCED SOLID TUMORS AND LYMPHOMA

Estado	**Tipo de Participantes**	**Rangos de Edad**
Interrumpido	No aportado	Mayores de 64 , Adultos (18-64 años)
Género	**Fases**	**Participantes esperados**
Ambos	Fase I , Fase II	330
Resultados	**Bajo nivel intervención**	**Enfermedad rara**
Sin resultados	No	No
Cobertura geográfica	**Ámbitos del ensayo**	**Terapia avanzada**
Unicéntrico nacional	tratamiento, seguridad, eficacia, farmacocinética, farmacodinamica, dosis, farmacogenómica	NO

Información

Identificador
2024-516290-67-00 (CTIS)

Cod. Protocolo
CYC140-101

Transicionado 2022-000222-24

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

Enfermedad investigada
ADVANCED SOLID TUMORS AND LYMPHOMA

Título Científico
A PHASE 1/2, OPEN-LABEL, MULTICENTER STUDY TO INVESTIGATE THE SAFETY, PHARMACOKINETICS

AND EFFICACY OF CYC140, AN ORAL PLK1 INHIBITOR, IN SUBJECTS WITH ADVANCED SOLID TUMORS AND LYMPHOMA

Justificación

No aportado

Objetivo Principal

Phase 1: dose escalation To determine the maximum-tolerated dose (MTD) and/or recommended Phase 2 dose (RP2D) of CYC140 when administered orally once daily (QD) in 28-day cycles in adult subjects with advanced solid tumors and lymphoma Phase 2: proof of concept To evaluate the preliminary efficacy of CYC140 as measured by overall response rate (ORR) in subjects with locally advanced, recurrent or metastatic, histologically confirmed advanced solid tumors or lymphoma who have failed all standard therapies or for whom standard therapy does not exist

Variables de Evaluación Primaria

Phase 1: dose escalation The incidence rate of dose-limiting toxicities (first cycle only) at each dose level
Phase 2: proof of concept ORR according to Response Evaluation Criteria in Solid Tumors: RECIST guidelines (version 1.1, 2009) (Lugano Criteria for lymphoma, mSWAT for CTCL) for each tumor type. The overall response rate is defined as proportion of subjects who had the best overall response (BOR) of complete response (CR) or partial response (PR)

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

Phase 1 dose escalation: To assess safety and tolerability of CYC140. To investigate clinical pharmacokinetics (PK) of CYC140. To evaluate overall response rate (ORR) in subjects receiving CYC140. Phase 2 proof of concept:To assess the safety and tolerability of CYC140. To evaluate the DCR, DOR, PFS, and OS in subjects receiving CYC140.
Exploratory: Phase 1 dose escalation: To investigate the clinical pharmacodynamics of CYC140. To investigate the clinical pharmacogenomics (PGx) of CYC140. Phase 2 proof of concept: To investigate the clinical PGx of CYC140.

Variables de Evaluación Secundaria

Phase 1 dose escalation, Phase 2 proof of concept: Safety: Type, frequency and severity of adverse drug reactions according to National Cancer Institute CTCAE (version 5.0).
DCR is defined as the proportion of subjects who achieve a response of CR, PR and stable disease according to RECIST.

Response rate as per Lugano Criteria for lymphoma, mSWAT for CTCL.
Progression-free survival (PFS) is defined as the time from the first dose date to objectively documented disease progression or death.
Duration of response, computed for subjects with a BOR of CR or PR, is defined as the time between the date of first response and the subsequent date of objectively documented disease progression or death.
Overall survival is defined as the time between the first dosing date and the date of death.
Exploratory: Phase 1 dose escalation, Phase 2 proof of concept Pharmacodynamics: PLK1 and BRD4 inhibition assessed by differential expression of target genes (such as MYC, PLK1, CDKN1A, HEXIM1) relative to baseline (Phase 1 only) PGx: Plasma cell-free DNA mutation and copy number variation profile determined by NGS.

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

Male or females aged # 18 years or per local regulatory guidance
Subjects with histological or cytologically-confirmed advanced cancer who have progressed on (or have not been able to tolerate) standard therapy or for whom no standard anticancer therapy is available a. For phase 1, all tumor types may be enrolled b. For phase 2, subjects will be enrolled as mentioned in the study design section c. For phase 2, subjects should also meet the following criteria: i. Radiological progression as per RECIST (Lugano criteria for lymphoma, modified severity-weighted assessment tool [mSWAT] for CTCL) criteria on the last line of therapy before entering the trial must be documented ii. At least one measurable lesion as defined by the RECIST criteria (version 1.1) for solid tumors iii. For subjects with lymphoma based on Lugano Criteria (Cheson et al. 2014) and CTCL subjects based on mSWAT (Olsen)
Eastern Cooperative Oncology Group (ECOG) performance status of 0 - 2
Subjects who relapsed post-autologous or post-allogeneic transplant are eligible. Post-transplant subjects must be without active fungal disease or significant acute graft-versus-host disease.
WOCBP must have a negative pregnancy test (urine/serum) within 7 days prior initiating the study drug. Both males and females must agree to use effective birth control during the study (prior receiving first dose and for 6 months after the last dose) if conception is possible during this interval. Female subjects are considered to not be of childbearing potential if they have a history of hysterectomy or are postmenopausal (no menses for 12 months without an alternative medical cause). For both males and females, see Section 5.5 for the definitions of contraceptive methods considered effective for this protocol
Subjects must be able to swallow and retain orally administered medication, and not have any clinically significant GI abnormalities that may alter absorption, such as malabsorption syndrome or major resection of the stomach or bowels
Ability to agree to and sign the informed consent form, and comply with the protocol

Criterios de Exclusión

Subjects with a history of brain metastases or with signs/symptoms attributable to brain metastases and those who have not been assessed with radiologic imaging to rule out the presence of brain metastases. Subjects with treated brain metastases that are asymptomatic and have been clinically stable for at least 4 weeks will be eligible
Subjects who have not received vaccines for SARS-COV-2 and have suspected signs and symptoms of the novel coronavirus infection (COVID-19) or have confirmed COVID-19 Exclusions owing to medical conditions
Subjects with a history of another primary malignancy other than: a. In situ carcinomas (e.g., breast, cervix and prostate) b. Locally excised non-melanoma skin cancer c. No evidence of the disease from another primary cancer for 2 or more years and has not taken any anti-cancer treatment in 2 years. Exceptions are gonadotropin-releasing

hormone (GnRH) therapy for prostate cancer and hormonal maintenance therapy for breast cancer
Presence of an active infection requiring IV antibiotics
Presence of a known history of human immunodeficiency virus-1/2 with uncontrolled viral load and on medications that might interfere with metabolism
Presence of active hepatitis B virus (HBV) or hepatitis C virus (HCV). In subjects with a history of HBV, hepatitis B core antibody (HBcAb) testing is required and if positive, HBV DNA testing will be performed and if positive, the subject will be excluded. For subjects with HCV Ab positive, HCV viral load must be below the limit of quantification
Chemotherapy, biological therapy, targeted therapy, immunotherapy, extended-field radiotherapy or investigational agents within 5 half-lives or 3 weeks (whichever is shorter), prior administering the first dose of study drug on Day 1 or in those who have not recovered from the side-effects of such therapy
Major surgery/surgical therapy for any cause within 4 weeks of the first dose

Calendario

(Última actualización: 04/08/2026)

Autorización	Inicio de Ensayo	Inclusión Primer Paciente	Interrumpido	Reiniciado
07/06/2022	01/08/2022	29/06/2023	27/03/2024	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

Cyclacel Limited United Kingdom

2 London Wall Place

Contact Person

Julius Huang

+19085177330

jhuang@cyclacel.com

Monetary support: N/A

Tipo de promotor: Comercial

Ceim

CEIm Hospital Universitari Vall d Hebron

Passeig de la Vall d.Hebron, 119-129 - Edificio Materno-Infantil, planta 13 08035 Barcelona

ceic@vhir.org

934894010

Centros

No iniciado (07/06/2022)

HOSPITAL UNIVERSITARI VALL D'HEBRON

Barcelona

BARCELONA

Vall d'Hebron Instituto de Oncología

Medicamentos

PRD9745393
CAPSULE, HARD
ORAL USE

-

Principios Activos: N/A

Experimental

Sin resultados

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State	Type of participants	Age Ranges
Halted	Not provided	Older than 64 , Adults (18-64 years)
Gender	**Phases**	**Expected Participants**
Both	Phase I , Phase II	330
Results	**Low level of intervention**	**Rare disease**
No results	No	No
Geographic coverage	**Areas of the study**	**Advanced therapy**
National One-center	treatment, safety, effectiveness, pharmacokinetics, pharmacodynamics, dose, pharmacogenomics	NO

Information

Identifier
2024-516290-67-00 (CTIS)

Protocol Code
CYC140-101

Transitioned 2022-000222-24

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

Investigated Disease
ADVANCED SOLID TUMORS AND LYMPHOMA

Scientific Title
A PHASE 1/2, OPEN-LABEL, MULTICENTER STUDY TO INVESTIGATE THE SAFETY, PHARMACOKINETICS

AND EFFICACY OF CYC140, AN ORAL PLK1 INHIBITOR, IN SUBJECTS WITH ADVANCED SOLID TUMORS AND LYMPHOMA

Rationale

Not provided

Main Objective

Phase 1: dose escalation To determine the maximum-tolerated dose (MTD) and/or recommended Phase 2 dose (RP2D) of CYC140 when administered orally once daily (QD) in 28-day cycles in adult subjects with advanced solid tumors and lymphoma Phase 2: proof of concept To evaluate the preliminary efficacy of CYC140 as measured by overall response rate (ORR) in subjects with locally advanced, recurrent or metastatic, histologically confirmed advanced solid tumors or lymphoma who have failed all standard therapies or for whom standard therapy does not exist

Primary Endpoints

Phase 1: dose escalation The incidence rate of dose-limiting toxicities (first cycle only) at each dose level
Phase 2: proof of concept ORR according to Response Evaluation Criteria in Solid Tumors: RECIST guidelines (version 1.1, 2009) (Lugano Criteria for lymphoma, mSWAT for CTCL) for each tumor type. The overall response rate is defined as proportion of subjects who had the best overall response (BOR) of complete response (CR) or partial response (PR)

Temporary moments of secondary assessment

Not provided

Secondary Objective

Phase 1 dose escalation: To assess safety and tolerability of CYC140. To investigate clinical pharmacokinetics (PK) of CYC140. To evaluate overall response rate (ORR) in subjects receiving CYC140. Phase 2 proof of concept:To assess the safety and tolerability of CYC140. To evaluate the DCR, DOR, PFS, and OS in subjects receiving CYC140.
Exploratory: Phase 1 dose escalation: To investigate the clinical pharmacodynamics of CYC140. To investigate the clinical pharmacogenomics (PGx) of CYC140. Phase 2 proof of concept: To investigate the clinical PGx of CYC140.

Secondary Endpoints

Phase 1 dose escalation, Phase 2 proof of concept: Safety: Type, frequency and severity of adverse drug reactions according to National Cancer Institute CTCAE (version 5.0).
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Temporary moments of secondary assessment

Not provided

Inclusion criteria

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Subjects with histological or cytologically-confirmed advanced cancer who have progressed on (or have not been able to tolerate) standard therapy or for whom no standard anticancer therapy is available a. For phase 1, all tumor types may be enrolled b. For phase 2, subjects will be enrolled as mentioned in the study design section c. For phase 2, subjects should also meet the following criteria: i. Radiological progression as per RECIST (Lugano criteria for lymphoma, modified severity-weighted assessment tool [mSWAT] for CTCL) criteria on the last line of therapy before entering the trial must be documented ii. At least one measurable lesion as defined by the RECIST criteria (version 1.1) for solid tumors iii. For subjects with lymphoma based on Lugano Criteria (Cheson et al. 2014) and CTCL subjects based on mSWAT (Olsen)
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Presence of a known history of human immunodeficiency virus-1/2 with uncontrolled viral load and on medications that might interfere with metabolism
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Major surgery/surgical therapy for any cause within 4 weeks of the first dose

Calendar

(Last Update: 04/08/2026)

Authorization	Start of Trial	First patient inclusion	Halted	Restarted
07/06/2022	01/08/2022	29/06/2023	27/03/2024	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

Cyclacel Limited United Kingdom

2 London Wall Place

Contact Person

Julius Huang

+19085177330

jhuang@cyclacel.com

Monetary support: N/A

Sponsor type: Commercial

Ceim

CEIm Hospital Universitari Vall d Hebron

Passeig de la Vall d.Hebron, 119-129 - Edificio Materno-Infantil, planta 13 08035 Barcelona

ceic@vhir.org

934894010

Sites

not initialized (07/06/2022)

HOSPITAL UNIVERSITARI VALL D'HEBRON

Barcelona

BARCELONA

Vall d'Hebron Instituto de Oncología

Medication

PRD9745393

CAPSULE, HARD

ORAL USE

-

Active Principles: N/A

Experimental

No results