Cevostamab in Combination with Pomalidomide and Dexamethasone Versus Standard of Care in Patients with Previously Treated Multiple Myeloma

Estado	**Tipo de Participantes**	**Rangos de Edad**
Reclutando	No aportado	Mayores de 64 , Adultos (18-64 años)
Género	**Fases**	**Participantes esperados**
Ambos	Fase III	251
Resultados	**Bajo nivel intervención**	**Enfermedad rara**
Sin resultados	No	No
Cobertura geográfica	**Ámbitos del ensayo**	**Terapia avanzada**
Sin determinar	seguridad, eficacia	NO

Información

Identificador
2025-524028-23-00 (CTIS)

Cod. Protocolo
CO46096

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

Enfermedad investigada
Multiple Myeloma

Título Científico
A Phase III, Randomized, Open-Label, Multicenter Study Evaluating the Efficacy and Safety of Cevostamab in Combination with Pomalidomide and Dexamethasone Versus Standard of Care in Patients with Multiple Myeloma who Have Received One to Three Prior Lines of Therapy

Justificación

No aportado

Objetivo Principal

To evaluate the efficacy of cevostamab in combination with pomalidomide and dexamethasone (CevosPd) compared with standard of care (SOC) based on two primary endpoints i.e. Minimal Residual Disease (MRD)-negative Complete Response (CR) rate Progression-Free Survival (PFS)

Variables de Evaluación Primaria

MRD-negative CR rate at 9 months measured in bone marrow aspirate by next-generation sequencing (NGS)
PFS, defined as the time from randomization to the earliest date of disease progression, based on IRC assessment by IMWG criteria, or death due to any cause, whichever occurs first. For participants who have not progressed and are alive, PFS will be censored at the last disease evaluation.

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

To evaluate the efficacy of CevosPd compared with SOC with respect to very good partial response (VGPR) or better rate and overall survival (OS) endpoints
To evaluate the health-related quality of life of participants treated with CevosPd compared with SOC with respect to time to confirmed deteriorationin Disease Symptoms scale, defined as an increase in 16 points or more from baseline followed by a second deterioration at a subsequent assessment, as assessed by the European Organisation for Research and Treatment of Cancer (EORTC)-Quality of Life Questionnaire Multiple Myeloma Module 20 (QLQ-MY20).
To evaluate the efficacy of CevosPd compared with SOC with respect to overall response Rate (ORR), complete response (CR), time to first response (TTR), time to best response (TTBR), duration of response (DOR), PFS, PFS2, Overall MRD-negative CR rate, Overall MRD-negative rate, Sustained MRD-negative CR rate endpoints.
To evaluate the safety of CevosPd compared with SOC
To evaluate the health-related quality of life of CevosPd compared with SOC
To evaluate the immunogenicity of cevostamab in CevosPd regimen

Variables de Evaluación Secundaria

VGPR or better rate, defined as the proportion of participants with best overall response of VGPR or better, based on the IRC assessment per IMWG criteria
OS, defined as the time from randomization to death due to any cause. If the participant is alive or the vital status is unknown, then OS will be censored at the date the participant was last known to be alive.
Time to confirmed deteriorationin Disease Symptoms scale, defined as an increase in 16 points or more from

baseline followed by a second deterioration at a subsequent assessment, as assessed by the EORTC QLQ-MY20
ORR, defined as the proportion of participants with a stringent complete response (sCR), CR, VGPR, or partial response (PR)
CR rate, defined as proportion of participants achieving a CR or sCR
TTR (for participants who achieve a response of PR or better), defined as time from randomization to first achieving a PR or better
TTBR (for participants who achieve a response of PR or better), defined as time from randomization to achieving the deepest response
DOR (for participants who achieve a response of PR or better), defined as the time from the date of first documented response of PR or better until the first date of disease progression or death from any cause, whichever occurs first.
PFS by investigator, defined as the time from randomization to the earliest date of disease progression, based on the investigators assessment, or death due to any cause, whichever occurs first.
PFS2, defined as time from randomization to disease progression based on the investigators assessment, or death from any cause after initiation of new antimyeloma therapy, whichever is earlier. If disease progression after initiation of new antimyeloma therapy cannot be measured, a PFS2 event is defined as the date of discontinuation of new antimyeloma therapy or death from any cause, whichever is earlier.
Overall MRD-negative CR rate, defined as proportion of participants who achieve CR or better and MRD negativity (10-5 threshold) at any timepoint
Overall MRD-negative rate, defined as proportion of participants who achieve MRD negativity (10-5 threshold) at any timepoint regardless of clinical response
Sustained MRD-negative CR rate (at 6, 12, and 24 months, for participants who achieve MRD-negative CR), defined as the maintenance of MRD negativity confirmed 6, 12, or 24 months since first MRD-negative CR assessment
Incidence and severity of adverse events, with severity determined according to the National Cancer Institute Common Toxicity Criteria for Adverse Events, Version 5.0(NCI CTCAE v5.0)and American Society for Transplantation and Cellular Therapy(ASTCT)Consensus Grading for cytokine release syndrome(CRS)(Lee et al. 2019), immune effector cell-associated (ICANS)(Lee et al. 2019), and hemophagocytic lymphohistiocytosis (HLH)/immune effector cell-associated HLH-like syndrome(IEC-HS)(Hines et al. 2023)
Change from baseline in selected vital signs
Change from baseline in selected clinical laboratory test results
Tolerability as assessed by the incidence of dose interruptions, dose reductions, dose intensity, and treatment discontinuation
Presence, frequency of occurrence, severity, and/or degree of interference with daily function of shortness of breath, cough, heart palpitations, rash, dizziness, and nausea assessed by the National Cancer Institute Patient Reported Outcomes Common Terminology Criteria for Adverse Events (NCI PRO-CTCAE)
Change from baseline in shortness of breath, cough, heart palpitations, rash, dizziness, and nausea assessed by the NCI PRO-CTCAE
Change from Cycle 1 Day 8 in treatment-related side effect bother as assessed by the Functional Assessment of Cancer Therapy-General, General Population 5 (FACTG GP5)
Change from baseline in disease symptoms scale of the EORTC QLQ-MY20
Change from baseline in global health status/quality of life (GHS/QoL) scale of the EORTC QLQ-C30
Time to confirmed deterioration in GHS/QoL, defined as a decrease in 10 points or more from baseline followed by a second deterioration at a subsequent assessment, as assessed by the EORTC QLQ-C30
Change from baseline in fatigue as assessed by the EORTC QLQ-C30
Time to confirmed deterioration in fatigue, defined as an increase in 10 points or more from baseline followed by a second deterioration at a subsequent assessment as assessed by the EORTC QLQ-C30
Proportion of participants experiencing a clinically meaningful improvement in disease symptoms while on treatment, defined as a decrease in 16 points or more from baseline as assessed by the EORTC QLQ-MY20
Proportion of participants experiencing a clinically meaningful improvement in GHS/QoL while on treatment, defined as an increase in 10 points or more from baseline as assessed by the EORTC QLQ-C30
Proportion of participants experiencing a clinically meaningful improvement in fatigue while on treatment, defined as a decrease in 10 points or more from baseline as assessed by the EORTC QLQ-C30
Prevalence of anti-drug antibody (ADA) against cevostamab at baseline and incidence of ADA against cevostamab during the study

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

Willing to undergo scheduled assessments and procedures including bone marrow biopsy and aspirate samples. Eastern Cooperative Oncology Group (ECOG) Performance Status of 0 or 1 at screening and immediately prior to start of administration of study treatment. Individuals with ECOG Performance Status of 2 solely due to local symptoms of myeloma (e.g., pain) are eligible Life expectancy of at least 12 weeks MM diagnosis according to the IMWG diagnostic criteria Measurable disease defined as at least one of the following by central laboratory assessment Serum M-protein 0.5 g/dL (5 g/L) Urine M-protein 200 mg/24 h Light chain MM without measurable M-protein in serum or urine: serum immunoglobulin free light chain > 10 mg/dL and abnormal serum immunoglobulin kappa-lambda free light chain ratio < 0.26 or > 1.65 Received one to three lines of prior therapy (for guidelines to determine prior lines of therapy, see Section 12.14) that included at least two consecutive cycles of either of the following: A regimen containing an anti-CD38 therapy, and - A regimen containing lenalidomide, and For the United States: a regimen containing a PI For countries outside the United States, a regimen containing a PI is allowed but not mandated

---

Criterios de Exclusión

Known history of amyloidosis (e.g., positive Congo Red stain or equivalent in tissue biopsy or documented within serum amyloid P component scan)
Lesions in proximity of vital organs that may develop sudden decompensation/deterioration in the setting of a tumor flare
Plasma cell leukemia or circulating plasma cell count exceeding 500 cells/µL or 5% of the peripheral blood white cells
Waldenströms macroglobulinemia or POEMS syndrome
Inability to tolerate thromboprophylaxis, or contraindication to thromboprophylaxis
Known history of interstitial lung disease

Calendario

(Última actualización: 29/07/2026)

Autorización	Inicio de Ensayo	Inclusión Primer Paciente	Interrumpido	Reiniciado
09/07/2026	28/07/2026	No aportado	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

F. Hoffmann-La Roche AG Switzerland

Grenzacherstrasse 124

Contact Person

Trial Information System - TISL

41616881111

global.eudract@roche.com

Monetary support: N/A

Tipo de promotor: Comercial

Ceim

CEIm Hospital General Universitario Gregorio Marañón

C/ Doctor Esquerdo, 46 28007 Madrid

ceim.hgugm@salud.madrid.org

915867007

Centros

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

Clinica Universidad De Navarra

Pamplona

NAVARRA

Hematology

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

Hospital Clinic De Barcelona

Barcelona

BARCELONA

Hematology

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

Hospital Costa Del Sol

Marbella

MÁLAGA

Hematology

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

Hospital General Universitario Gregorio Maranon

Madrid

MADRID

Hematology

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

Hospital Universitari Vall D Hebron

Barcelona

BARCELONA

Hematology

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

Hospital Universitario De Salamanca

Salamanca

SALAMANCA

Hematology

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

Institut Catala D'oncologia

Badalona

BARCELONA

Hematology

Medicamentos

CARFILZOMIB
LYOPHILIZED POWDER FOR SOLUTION FOR INJECTION
IV INFUSION

-
Principios Activos: N/A
Experimental

DEXAMETHASONE
TABLET
ORAL

-
Principios Activos: N/A
Experimental

Empliciti 400 mg powder for concentrate for solution for infusion.
SOLUTION FOR INFUSION
IV INFUSION

Código ATC: L01XC23 - ELOTUZUMAB
Principios Activos: N/A
Experimental

Empliciti 300 mg powder for concentrate for solution for infusion.
SOLUTION FOR INFUSION
IV INFUSION

Código ATC: L01XC23 - ELOTUZUMAB
Principios Activos: N/A
Experimental

POMALIDOMIDE
CAPSULE, HARD
ORAL

-
Principios Activos: N/A
Experimental

DEXAMETHASONE
SOLUTION FOR INJECTION
IV INFUSION

-
Principios Activos: N/A
Experimental

DEXAMETHASONE
SOLUTION FOR INJECTION
IV INFUSION

-
Principios Activos: N/A
Experimental

Cevostamab
CONCENTRATE FOR SOLUTION FOR INFUSION
IV INFUSION

-
Principios Activos: N/A
Huérfano
Experimental

POMALIDOMIDE
CAPSULE, HARD
ORAL

-
Principios Activos: N/A

Experimental

DEXAMETHASONE
TABLET
ORAL

-
Principios Activos: N/A

Experimental

POMALIDOMIDE
CAPSULE, HARD
ORAL

-
Principios Activos: N/A

Experimental

DARATUMUMAB
SOLUTION FOR INJECTION
SUBCUTANEOUS

-
Principios Activos: N/A

Experimental

CARFILZOMIB
SOLUTION FOR INFUSION
IV INFUSION

-
Principios Activos: N/A

Experimental

POMALIDOMIDE
CAPSULE, HARD
ORAL

-
Principios Activos: N/A

Experimental

Cevostamab
CONCENTRATE FOR SOLUTION FOR INFUSION
IV INFUSION

-

Principios Activos: N/A

Huérfano **Experimental**

Sin resultados

Cevostamab in Combination with Pomalidomide and Dexamethasone Versus Standard of Care in Patients with Previously Treated Multiple Myeloma

State	Type of participants	Age Ranges
Recruiting	Not provided	Older than 64 , Adults (18-64 years)
Gender	**Phases**	**Expected Participants**
Both	Phase III	251
Results	**Low level of intervention**	**Rare disease**
No results	No	No
Geographic coverage	**Areas of the study**	**Advanced therapy**
Undetermined	safety, effectiveness	NO

Information

Identifier
2025-524028-23-00 (CTIS)

Protocol Code
CO46096

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

Investigated Disease
Multiple Myeloma

Scientific Title
A Phase III, Randomized, Open-Label, Multicenter Study Evaluating the Efficacy and Safety of Cevostamab in Combination with Pomalidomide and Dexamethasone Versus Standard of Care in Patients with Multiple Myeloma who Have Received One to Three Prior Lines of Therapy

Rationale

Not provided

Main Objective

To evaluate the efficacy of cevostamab in combination with pomalidomide and dexamethasone (CevosPd) compared with standard of care (SOC) based on two primary endpoints i.e. Minimal Residual Disease (MRD)-negative Complete Response (CR) rate Progression-Free Survival (PFS)

Primary Endpoints

MRD-negative CR rate at 9 months measured in bone marrow aspirate by next-generation sequencing (NGS)
PFS, defined as the time from randomization to the earliest date of disease progression, based on IRC assessment by IMWG criteria, or death due to any cause, whichever occurs first. For participants who have not progressed and are alive, PFS will be censored at the last disease evaluation.

Temporary moments of secondary assessment

Not provided

Secondary Objective

To evaluate the efficacy of CevosPd compared with SOC with respect to very good partial response (VGPR) or better rate and overall survival (OS) endpoints
To evaluate the health-related quality of life of participants treated with CevosPd compared with SOC with respect to time to confirmed deteriorationin Disease Symptoms scale, defined as an increase in 16 points or more from baseline followed by a second deterioration at a subsequent assessment, as assessed by the European Organisation for Research and Treatment of Cancer (EORTC)-Quality of Life Questionnaire Multiple Myeloma Module 20 (QLQ-MY20).
To evaluate the efficacy of CevosPd compared with SOC with respect to overall response Rate (ORR), complete response (CR), time to first response (TTR), time to best response (TTBR), duration of response (DOR), PFS, PFS2, Overall MRD-negative CR rate, Overall MRD-negative rate, Sustained MRD-negative CR rate endpoints.
To evaluate the safety of CevosPd compared with SOC
To evaluate the health-related quality of life of CevosPd compared with SOC
To evaluate the immunogenicity of cevostamab in CevosPd regimen

Secondary Endpoints

VGPR or better rate, defined as the proportion of participants with best overall response of VGPR or better, based on the IRC assessment per IMWG criteria
OS, defined as the time from randomization to death due to any cause. If the participant is alive or the vital status is unknown, then OS will be censored at the date the participant was last known to be alive.
Time to confirmed deteriorationin Disease Symptoms scale, defined as an increase in 16 points or more from

baseline followed by a second deterioration at a subsequent assessment, as assessed by the EORTC QLQ-MY20
ORR, defined as the proportion of participants with a stringent complete response (sCR), CR, VGPR, or partial response (PR)
CR rate, defined as proportion of participants achieving a CR or sCR
TTR (for participants who achieve a response of PR or better), defined as time from randomization to first achieving a PR or better
TTBR (for participants who achieve a response of PR or better), defined as time from randomization to achieving the deepest response
DOR (for participants who achieve a response of PR or better), defined as the time from the date of first documented response of PR or better until the first date of disease progression or death from any cause, whichever occurs first.
PFS by investigator, defined as the time from randomization to the earliest date of disease progression, based on the investigators assessment, or death due to any cause, whichever occurs first.
PFS2, defined as time from randomization to disease progression based on the investigators assessment, or death from any cause after initiation of new antimyeloma therapy, whichever is earlier. If disease progression after initiation of new antimyeloma therapy cannot be measured, a PFS2 event is defined as the date of discontinuation of new antimyeloma therapy or death from any cause, whichever is earlier.
Overall MRD-negative CR rate, defined as proportion of participants who achieve CR or better and MRD negativity (10-5 threshold) at any timepoint
Overall MRD-negative rate, defined as proportion of participants who achieve MRD negativity (10-5 threshold) at any timepoint regardless of clinical response
Sustained MRD-negative CR rate (at 6, 12, and 24 months, for participants who achieve MRD-negative CR), defined as the maintenance of MRD negativity confirmed 6, 12, or 24 months since first MRD-negative CR assessment
Incidence and severity of adverse events, with severity determined according to the National Cancer Institute Common Toxicity Criteria for Adverse Events, Version 5.0(NCI CTCAE v5.0)and American Society for Transplantation and Cellular Therapy(ASTCT)Consensus Grading for cytokine release syndrome(CRS)(Lee et al. 2019), immune effector cell-associated (ICANS)(Lee et al. 2019), and hemophagocytic lymphohistiocytosis (HLH)/immune effector cell-associated HLH-like syndrome(IEC-HS)(Hines et al. 2023)
Change from baseline in selected vital signs
Change from baseline in selected clinical laboratory test results
Tolerability as assessed by the incidence of dose interruptions, dose reductions, dose intensity, and treatment discontinuation
Presence, frequency of occurrence, severity, and/or degree of interference with daily function of shortness of breath, cough, heart palpitations, rash, dizziness, and nausea assessed by the National Cancer Institute Patient Reported Outcomes Common Terminology Criteria for Adverse Events (NCI PRO-CTCAE)
Change from baseline in shortness of breath, cough, heart palpitations, rash, dizziness, and nausea assessed by the NCI PRO-CTCAE
Change from Cycle 1 Day 8 in treatment-related side effect bother as assessed by the Functional Assessment of Cancer Therapy-General, General Population 5 (FACTG GP5)
Change from baseline in disease symptoms scale of the EORTC QLQ-MY20
Change from baseline in global health status/quality of life (GHS/QoL) scale of the EORTC QLQ-C30
Time to confirmed deterioration in GHS/QoL, defined as a decrease in 10 points or more from baseline followed by a second deterioration at a subsequent assessment, as assessed by the EORTC QLQ-C30
Change from baseline in fatigue as assessed by the EORTC QLQ-C30
Time to confirmed deterioration in fatigue, defined as an increase in 10 points or more from baseline followed by a second deterioration at a subsequent assessment as assessed by the EORTC QLQ-C30
Proportion of participants experiencing a clinically meaningful improvement in disease symptoms while on treatment, defined as a decrease in 16 points or more from baseline as assessed by the EORTC QLQ-MY20
Proportion of participants experiencing a clinically meaningful improvement in GHS/QoL while on treatment, defined as an increase in 10 points or more from baseline as assessed by the EORTC QLQ-C30
Proportion of participants experiencing a clinically meaningful improvement in fatigue while on treatment, defined as a decrease in 10 points or more from baseline as assessed by the EORTC QLQ-C30
Prevalence of anti-drug antibody (ADA) against cevostamab at baseline and incidence of ADA against cevostamab during the study

Temporary moments of secondary assessment

Not provided

Inclusion criteria

Willing to undergo scheduled assessments and procedures including bone marrow biopsy and aspirate samples. Eastern Cooperative Oncology Group (ECOG) Performance Status of 0 or 1 at screening and immediately prior to start of administration of study treatment. Individuals with ECOG Performance Status of 2 solely due to local symptoms of myeloma (e.g., pain) are eligible Life expectancy of at least 12 weeks MM diagnosis according to the IMWG diagnostic criteria Measurable disease defined as at least one of the following by central laboratory assessment Serum M-protein 0.5 g/dL (5 g/L) Urine M-protein 200 mg/24 h Light chain MM without measurable M-protein in serum or urine: serum immunoglobulin free light chain > 10 mg/dL and abnormal serum immunoglobulin kappa-lambda free light chain ratio < 0.26 or > 1.65 Received one to three lines of prior therapy (for guidelines to determine prior lines of therapy, see Section 12.14) that included at least two consecutive cycles of either of the following: A regimen containing an anti-CD38 therapy, and - A regimen containing lenalidomide, and For the United States: a regimen containing a PI For countries outside the United States, a regimen containing a PI is allowed but not mandated

Exclusion criteria

Known history of amyloidosis (e.g., positive Congo Red stain or equivalent in tissue biopsy or documented within serum amyloid P component scan)
Lesions in proximity of vital organs that may develop sudden decompensation/deterioration in the setting of a tumor flare
Plasma cell leukemia or circulating plasma cell count exceeding 500 cells/µL or 5% of the peripheral blood white cells
Waldenströms macroglobulinemia or POEMS syndrome
Inability to tolerate thromboprophylaxis, or contraindication to thromboprophylaxis
Known history of interstitial lung disease

Calendar

(Last Update: 29/07/2026)

Authorization	Start of Trial	First patient inclusion	Halted	Restarted
09/07/2026	28/07/2026	Not aported	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

F. Hoffmann-La Roche AG Switzerland

Grenzacherstrasse 124

Contact Person

Trial Information System - TISL

41616881111

global.eudract@roche.com

Monetary support: N/A

Sponsor type: Commercial

Ceim

CEIm Hospital General Universitario Gregorio Marañón

C/ Doctor Esquerdo, 46 28007 Madrid

ceim.hgugm@salud.madrid.org

915867007

Sites

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

Clinica Universidad De Navarra

Pamplona

NAVARRA

Hematology

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

Hospital Clinic De Barcelona

Barcelona

BARCELONA

Hematology

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

Hospital Costa Del Sol

Marbella

MÁLAGA

Hematology

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

Hospital General Universitario Gregorio Maranon

Madrid

MADRID

Hematology

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

Hospital Universitari Vall D Hebron

Barcelona

BARCELONA

Hematology

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

Hospital Universitario De Salamanca

Salamanca

SALAMANCA

Hematology

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

Institut Catala D'oncologia

Badalona

BARCELONA

Hematology

Medication

CARFILZOMIB
LYOPHILIZED POWDER FOR SOLUTION FOR INJECTION
IV INFUSION

-
Active Principles: N/A
Experimental

DEXAMETHASONE
TABLET
ORAL

-
Active Principles: N/A
Experimental

Empliciti 400 mg powder for concentrate for solution for infusion.
SOLUTION FOR INFUSION
IV INFUSION

ATC code: L01XC23 - ELOTUZUMAB
Active Principles: N/A
Experimental

Empliciti 300 mg powder for concentrate for solution for infusion.
SOLUTION FOR INFUSION
IV INFUSION

ATC code: L01XC23 - ELOTUZUMAB
Active Principles: N/A
Experimental

POMALIDOMIDE
CAPSULE, HARD
ORAL

-
Active Principles: N/A
Experimental

DEXAMETHASONE
SOLUTION FOR INJECTION
IV INFUSION

-
Active Principles: N/A
Experimental

DEXAMETHASONE
SOLUTION FOR INJECTION
IV INFUSION

-
Active Principles: N/A
Experimental

Cevostamab
CONCENTRATE FOR SOLUTION FOR INFUSION
IV INFUSION

-
Active Principles: N/A
Orphan
Experimental

POMALIDOMIDE
CAPSULE, HARD
ORAL

-
Active Principles: N/A
Experimental

DEXAMETHASONE
TABLET
ORAL

-
Active Principles: N/A
Experimental

POMALIDOMIDE
CAPSULE, HARD
ORAL

-
Active Principles: N/A
Experimental

DARATUMUMAB
SOLUTION FOR INJECTION
SUBCUTANEOUS

-
Active Principles: N/A
Experimental

CARFILZOMIB
SOLUTION FOR INFUSION
IV INFUSION

-
Active Principles: N/A
Experimental

POMALIDOMIDE
CAPSULE, HARD
ORAL

-
Active Principles: N/A
Experimental

Cevostamab
CONCENTRATE FOR SOLUTION FOR INFUSION
IV INFUSION

-

Active Principles: N/A

Orphan **Experimental**

No results