A Phase 2 study of durcabtagene autoleucel, B-cell maturation Antigen (BCMA)-directed CAR-T Cells in adult participants with relapsed and refractory multiple myeloma

Estado	**Tipo de Participantes**	**Rangos de Edad**
EC Finalizado	No aportado	Mayores de 64 , Adultos (18-64 años)
Género	**Fases**	**Participantes esperados**
Ambos	Fase II	151
Resultados	**Bajo nivel intervención**	**Enfermedad rara**
Tiene resultados	No	Si
Cobertura geográfica	**Ámbitos del ensayo**	**Terapia avanzada**
Multicéntrico internacional	tratamiento, seguridad, eficacia, farmacocinética, farmacodinamica	Terapia génica

Información

Identificador
2023-507140-37-00 (CTIS)

Cod. Protocolo
CPHE885B12201

Transicionado 2021-003747-22

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

Enfermedad investigada
Adult patients with relapsed and refractory multiple myeloma

Título Científico
A Phase 2 study of durcabtagene autoleucel, B-cell maturation Antigen (BCMA)-directed CAR-T Cells in adult participants with relapsed and refractory multiple myeloma

Justificación

No aportado

Objetivo Principal

Evaluate the efficacy of durcabtagene autoleucel with respect to disease response per independent review committee (IRC)

Variables de Evaluación Primaria

Best overall response (BOR) per IRC defined as the best disease response recorded from durcabtagene autoleucel administration until PD, death or starting new anticancer therapy whichever comes first, with possible values of either sCR, CR, VGPR, PR, MR, SD, PD or unknown , according to the IMWG criteria. The summary measure for the primary endpoint isORR, defined as the proportion of participants with a BOR of PR or better, assessed in the efficacy analysis set

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

Evaluate the efficacy of durcabtagene autoleucel with respect to MRD negativity in bone marrow measured by next generation sequencing (NGS assay sensitivity of 1 in 105)
Assess additional efficacy outcomes including complete response rate (CRR), time to response (TTR), duration of response (DOR), progression free survival (PFS) per IRC and local investigator assessment
Assess time to next treatment (TTNT) and overall survival (OS)
Assess durability of MRD negativity (assay sensitivity of 1 in 105)
Assess patient reported outcomes (PRO)
Assess the durcabtagene autoleucel manufacturing success rate
Assess manufacturing turnaround time
Assess safety of durcabtagene autoleucel
Assess the cellular kinetics of durcabtagene autoleucel in peripheral blood and bone marrow by qPCR
Assess immunogenicity (humoral and cellular) to durcabtagene autoleucel

Variables de Evaluación Secundaria

Proportion of participants who achieved MRD negative status at any time point within 3 months of achieving at least CR until the time of PD, death or starting new anticancer therapy, whichever comes first.
CRR defined as the proportion of participants with BOR of sCR or CR.
TTR defined as time from durcabtagene autoleucel administration to the date of first documented response (PR or better).
DOR defined as time from first documented response (PR or better) until relapse or death due to any cause.

PFS defined as time from durcabtagene autoleucel administration until progression or death due to any cause.
TTNT defined as time from durcabtagene autoleucel administration until start of new anti-myeloma therapy or death due to any cause.
OS defined as time from durcabtagene autoleucel administration until death due to any cause.
Duration from the start of undetectable MRD to the time of reappearance of detectable MRD.
Summary scores of PRO measured by EQ-5D-5L, EORTC-QLQ-C30 and EORTC-QLQ-MY20.
Proportion of enrolled participants for whom a durcabtagene autoleucel product was manufactured that met all release specifications.
Time from pick up of cryopreserved material at the clinic or hospital until return to the clinic or hospital.
Type, frequency, and severity of adverse events, serious adverse events, adverse events of special interest (AESIs) and laboratory abnormalities.
Transgene of durcabtagene autoleucel concentrations over time in peripheral blood and bone marrow determined by quantitative PCR Cellular kinetics parameters: Cmax (maximum serum concentration), Tmax (time to reach Cmax), AUCs and other cellular kinetic parameters.
Summary of pre-existing and treatment-induced immunogenicity (cellular and humoral) of durcabtagene autoleucel.
Correlate levels of pre-existing and treatment-induced immunogenicity with cellular kinetic parameters, safety and efficacy

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

18 years of age at the time of informed consent form (ICF) signature.
Adult participants with relapsed and refractory multiple myeloma who have received at least 3 prior lines of therapy including an IMiD (e.g., lenalidomide or pomalidomide), a proteasome inhibitor (e.g., bortezomib, carfilzomib), and an approved anti-CD38 antibody (e.g., daratumumab, isatuximab), and have documented evidence of disease progression (IMWG criteria).
Must be refractory to the last treatment regimen (defined as progressive disease on or within 60 days measured from last dose of last regimen).
Measurable disease at enrollment as defined by the protocol.
Eastern Cooperative Oncology Group (ECOG) performance status that is either 0 or 1 at screening.
Must have a leukapheresis material of non-mobilized cells accepted for manufacturing.

Criterios de Exclusión

Prior administration of a genetically modified cellular product including prior BCMA CAR-T therapy.
Participants who have received prior BCMA-directed bi-specific antibodies or anti-BCMA antibody drug conjugate.
Known hypersensitivity or contraindication to any product (including its excipients) to be given to the participant as per the study protocol (e.g., durcabtagene autoleucel, tocilizumab and LD agents).
Prior autologous SCT within 3 months or allogeneic SCT within 6 months prior to signing informed consent.
Active Graft-versus-Host Disease (GVHD), grade 2-4 according to the Mount Sinai GvHD International Consortium criteria or requiring systemic treatment. Note: Systemic therapy for GvHD must have been discontinued at least 2 weeks prior to durcabtagene autoleucel administration.
Plasma cell leukemia and other plasmacytoid disorders, non-secretory myeloma without other evidence of measurable disease.

Calendario

(Última actualización: 23/09/2025)

Autorización	Inicio de Ensayo	Inclusión Primer Paciente	Interrumpido	Reiniciado
21/04/2022	22/06/2022	22/06/2022	No aportado	No aportado

Fin de reclutamiento	Fin prematuro (España)	Fin prematuro (Global)	Fin del ensayo en España	Fin del ensayo global
27/11/2023	No aportado	No aportado	10/02/2025	21/05/2025

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 Fundacio Sant Joan de Deu

Santa Rosa, 39-57, 3a planta 08950 Esplugues de Llobregat

frecerca.ceic@sjd.es

Centros

Cerrado (02/10/2025)

CLINICA UNIVERSIDAD DE NAVARRA

Pamplona/Iruña

NAVARRA

Servicio de Hematología

Cerrado (02/10/2025)

HOSPITAL CLINICO UNIVERSITARIO DE SALAMANCA (COMPLEJO ASISTENCIAL UNIV.SA)

Salamanca

SALAMANCA

Servicio de Hematología

Medicamentos

PHE885
DISPERSION FOR INFUSION
INTRAVENOUS INFUSION

-
Principios Activos: N/A
Experimental

FLUDARABINE PHOSPHATE
POWDER FOR SOLUTION FOR INJECTION OR INFUSION
INTRAVENOUS

-
Principios Activos: N/A
Experimental

CYCLOPHOSPHAMIDE
POWDER FOR SOLUTION FOR INJECTION/INFUSION
INTRAVENOUS

-
Principios Activos: N/A
Experimental

TOCILIZUMAB
CONCENTRATE FOR SOLUTION FOR INFUSION
INTRAVENOUS

-
Principios Activos: N/A
Experimental

BENDAMUSTINE
CONCENTRATE FOR SOLUTION FOR INFUSION
INTRAVENOUS

-
Principios Activos: N/A
Experimental

Tiene resultados

A Phase 2 study of durcabtagene autoleucel, B-cell maturation Antigen (BCMA)-directed CAR-T Cells in adult participants with relapsed and refractory multiple myeloma

State	**Type of participants**	**Age Ranges**
Finished CT	Not provided	Older than 64 , Adults (18-64 years)
Gender	**Phases**	**Expected Participants**
Both	Phase II	151
Results	**Low level of intervention**	**Rare disease**
Has results	No	Yes
Geographic coverage	**Areas of the study**	**Advanced therapy**
International multicenter	treatment, safety, effectiveness, pharmacokinetics, pharmacodynamics	Gene therapy

Information

Identifier
2023-507140-37-00 (CTIS)

Protocol Code
CPHE885B12201

Transitioned 2021-003747-22

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

Investigated Disease
Adult patients with relapsed and refractory multiple myeloma

Scientific Title
A Phase 2 study of durcabtagene autoleucel, B-cell maturation Antigen (BCMA)-directed CAR-T Cells in adult participants with relapsed and refractory multiple myeloma

Rationale

Not provided

Main Objective

Evaluate the efficacy of durcabtagene autoleucel with respect to disease response per independent review committee (IRC)

Primary Endpoints

Best overall response (BOR) per IRC defined as the best disease response recorded from durcabtagene autoleucel administration until PD, death or starting new anticancer therapy whichever comes first, with possible values of either sCR, CR, VGPR, PR, MR, SD, PD or unknown , according to the IMWG criteria. The summary measure for the primary endpoint isORR, defined as the proportion of participants with a BOR of PR or better, assessed in the efficacy analysis set

Temporary moments of secondary assessment

Not provided

Secondary Objective

Evaluate the efficacy of durcabtagene autoleucel with respect to MRD negativity in bone marrow measured by next generation sequencing (NGS assay sensitivity of 1 in 105)
Assess additional efficacy outcomes including complete response rate (CRR), time to response (TTR), duration of response (DOR), progression free survival (PFS) per IRC and local investigator assessment
Assess time to next treatment (TTNT) and overall survival (OS)
Assess durability of MRD negativity (assay sensitivity of 1 in 105)
Assess patient reported outcomes (PRO)
Assess the durcabtagene autoleucel manufacturing success rate
Assess manufacturing turnaround time
Assess safety of durcabtagene autoleucel
Assess the cellular kinetics of durcabtagene autoleucel in peripheral blood and bone marrow by qPCR
Assess immunogenicity (humoral and cellular) to durcabtagene autoleucel

Secondary Endpoints

Proportion of participants who achieved MRD negative status at any time point within 3 months of achieving at least CR until the time of PD, death or starting new anticancer therapy, whichever comes first.
CRR defined as the proportion of participants with BOR of sCR or CR.
TTR defined as time from durcabtagene autoleucel administration to the date of first documented response (PR or better).
DOR defined as time from first documented response (PR or better) until relapse or death due to any cause.

PFS defined as time from durcabtagene autoleucel administration until progression or death due to any cause.
TTNT defined as time from durcabtagene autoleucel administration until start of new anti-myeloma therapy or death due to any cause.
OS defined as time from durcabtagene autoleucel administration until death due to any cause.
Duration from the start of undetectable MRD to the time of reappearance of detectable MRD.
Summary scores of PRO measured by EQ-5D-5L, EORTC-QLQ-C30 and EORTC-QLQ-MY20.
Proportion of enrolled participants for whom a durcabtagene autoleucel product was manufactured that met all release specifications.
Time from pick up of cryopreserved material at the clinic or hospital until return to the clinic or hospital.
Type, frequency, and severity of adverse events, serious adverse events, adverse events of special interest (AESIs) and laboratory abnormalities.
Transgene of durcabtagene autoleucel concentrations over time in peripheral blood and bone marrow determined by quantitative PCR Cellular kinetics parameters: Cmax (maximum serum concentration), Tmax (time to reach Cmax), AUCs and other cellular kinetic parameters.
Summary of pre-existing and treatment-induced immunogenicity (cellular and humoral) of durcabtagene autoleucel.
Correlate levels of pre-existing and treatment-induced immunogenicity with cellular kinetic parameters, safety and efficacy

Temporary moments of secondary assessment

Not provided

Inclusion criteria

18 years of age at the time of informed consent form (ICF) signature.
Adult participants with relapsed and refractory multiple myeloma who have received at least 3 prior lines of therapy including an IMiD (e.g., lenalidomide or pomalidomide), a proteasome inhibitor (e.g., bortezomib, carfilzomib), and an approved anti-CD38 antibody (e.g., daratumumab, isatuximab), and have documented evidence of disease progression (IMWG criteria).
Must be refractory to the last treatment regimen (defined as progressive disease on or within 60 days measured from last dose of last regimen).
Measurable disease at enrollment as defined by the protocol.
Eastern Cooperative Oncology Group (ECOG) performance status that is either 0 or 1 at screening.
Must have a leukapheresis material of non-mobilized cells accepted for manufacturing.

Exclusion criteria

Prior administration of a genetically modified cellular product including prior BCMA CAR-T therapy.
Participants who have received prior BCMA-directed bi-specific antibodies or anti-BCMA antibody drug conjugate.
Known hypersensitivity or contraindication to any product (including its excipients) to be given to the participant as per the study protocol (e.g., durcabtagene autoleucel, tocilizumab and LD agents).
Prior autologous SCT within 3 months or allogeneic SCT within 6 months prior to signing informed consent.
Active Graft-versus-Host Disease (GVHD), grade 2-4 according to the Mount Sinai GvHD International Consortium criteria or requiring systemic treatment. Note: Systemic therapy for GvHD must have been discontinued at least 2 weeks prior to durcabtagene autoleucel administration.
Plasma cell leukemia and other plasmacytoid disorders, non-secretory myeloma without other evidence of measurable disease.

Calendar

(Last Update: 23/09/2025)

Authorization	Start of Trial	First patient inclusion	Halted	Restarted
21/04/2022	22/06/2022	22/06/2022	Not aported	Not aported

End of recruitment	Premature end (Spain)	Premature End (Global)	Trial end (Spain)	Trial end (Global)
27/11/2023	Not aported	Not aported	10/02/2025	21/05/2025

Sponsor

Novartis Pharma AG Switzerland

Lichtstrasse 35

Contact Person

Novartis Pharma Arzneimittel GmbH

+499112730

legal.representative@novartis.com

Monetary support: N/A

Sponsor type: Commercial

Ceim

CEIm Fundacio Sant Joan de Deu

Santa Rosa, 39-57, 3a planta 08950 Esplugues de Llobregat

frecerca.ceic@sjd.es

Sites

Closed (02/10/2025)

CLINICA UNIVERSIDAD DE NAVARRA

Pamplona/Iruña

NAVARRA

Servicio de Hematología

Closed (02/10/2025)

HOSPITAL CLINICO UNIVERSITARIO DE SALAMANCA (COMPLEJO ASISTENCIAL UNIV.SA)

Salamanca

SALAMANCA

Servicio de Hematología

Medication

PHE885
DISPERSION FOR INFUSION
INTRAVENOUS INFUSION

-

Active Principles: N/A

Experimental

FLUDARABINE PHOSPHATE
POWDER FOR SOLUTION FOR INJECTION OR INFUSION
INTRAVENOUS

-

Active Principles: N/A

Experimental

CYCLOPHOSPHAMIDE
POWDER FOR SOLUTION FOR INJECTION/INFUSION
INTRAVENOUS

-

Active Principles: N/A

Experimental

TOCILIZUMAB
CONCENTRATE FOR SOLUTION FOR INFUSION
INTRAVENOUS

-

Active Principles: N/A

Experimental

BENDAMUSTINE
CONCENTRATE FOR SOLUTION FOR INFUSION
INTRAVENOUS

-

Active Principles: N/A

Experimental

Has results