A clinical study to compare the safety, effectiveness and pharmacokinetics (the way the body absorbs, distributes, and gets rid of a drug) of Daratumumab given through the subcutaneous route versus the active monitoring in patients with high risk smoldering multiple myeloma (precancerous form of blood cancer in the bone marrow)

Estado	**Tipo de Participantes**	**Rangos de Edad**
EC Finalizado	No aportado	Mayores de 64 , Adultos (18-64 años)
Género	**Fases**	**Participantes esperados**
Ambos	Fase III	192
Resultados	**Bajo nivel intervención**	**Enfermedad rara**
Sin resultados	No	Si
Cobertura geográfica	**Ámbitos del ensayo**	**Terapia avanzada**
Sin determinar	tratamiento, seguridad, eficacia, farmacocinética, farmacodinamica	NO

Información

Identificador
2023-507143-11-00 (CTIS)

Cod. Protocolo
54767414SMM3001

Transicionado 2016-001205-16

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

Enfermedad investigada
Precancerous form of blood cancer in the bone marrow

Título Científico

A Phase 3 Randomized, Multicenter Study of Subcutaneous Daratumumab Versus Active Monitoring in Subjects with High-risk Smoldering Multiple Myeloma

Justificación

No aportado

Objetivo Principal

To determine whether treatment with daratumumab administered subcutaneously (SC) prolongs progression free survival (PFS) compared with active monitoring in subjects with high-risk smoldering multiple myeloma (SMM).

Variables de Evaluación Primaria

Progression-free survival (PFS), defined as the time from the date of randomization to the date of initial documented progression to MM according to the international myeloma working group (IMWG) diagnostic criteria for MM or the date of death, whichever occurs first

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

No aportado

Variables de Evaluación Secundaria

No aportado

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

1. At least 18 years of age or at least the legal age of consent in the jurisdiction in which the study is taking place, whichever is the older age. 10. Willing and able to adhere to the prohibitions and restrictions specified in the protocol. 2. Diagnosis of SMM for 5 years with measurable disease, defined as serum M protein 10 grams per litre (g/L) or

urine M protein 200 milligrams (mg)/24 hours or involved serum free light chain (FLC) 100 milligrams per litre (mg/L) and abnormal serum FLC ratio. 3. Bone marrow plasma cells (BMPCs) 10%; and At least 1 of the following; a. Serum M protein 30 g/L, b. Immunoglobulin A (IgA) SMM, c. Immunoparesis with reduction of 2 uninvolved immunoglobulin isotypes, d. Serum involved: uninvolved FLC ratio 8 and < 100, or e. Clonal BMPCs >50% to <60% with measurable disease. 4. Eastern cooperative oncology group (ECOG) performance status score of 0 or 1. 5. Pretreatment clinical laboratory values: refer to protocol 6. Must sign an informed consent form (ICF) or their legally designated representative must sign indicating that he or she understands the purpose of, and procedures required for, the study and is willing to participate in the study. 7. Contraceptive use by men or women should be consistent with local regulations regarding the use of contraceptive methods for subjects participating in clinical studies. Women of childbearing potential must commit to either abstain continuously from heterosexual sexual intercourse or to use 1 method highly effective form of contraception (tubal ligation, intrauterine device, hormonal [birth control pills, injections, hormonal patches, vaginal rings or implants], or partner's vasectomy). Contraception must begin 4 weeks prior to dosing. Highly effective contraception is indicated even where there has been a history of infertility, unless due to hysterectomy. 8. A woman of childbearing potential must have a negative serum or urine pregnancy test at screening within 14 days prior to randomization. 9. During the study and for 3 months after receiving the last dose of daratumumab, a woman must agree not to donate eggs (ova, oocytes) for the purposes of assisted reproduction.

Criterios de Exclusión

1. Multiple myeloma, requiring treatment, defined by any of the following: a. Bone lesions (one or more osteolytic lesions on low-dose whole body computed tomography [LDCT], positron-emission tomography with computed tomography [PET-CT] or computed tomography [CT]) b. Hypercalcemia (serum calcium >0.25 mmol/L [>1 mg/dL] higher than ULN or >2.75 mmol/L [>11 mg/dL]) c. Renal insufficiency, preferably determined by creatinine clearance <40 mL/min measured or estimated using the modification of diet in renal disease (MDRD), or serum creatinine >177 micro mole per litre (mol/L) d. Anemia, defined as hemoglobin <10 gram per deci litre (g/dL) or >2 g/dL below lower limit of normal or both; transfusion support or concurrent treatment with erythropoietin stimulating agents is not permitted e. Clonal BMPC percentage 60% f. Serum FLC ratio (involved:uninvolved) 100 (The involved FLC must be 100 mg/L) g. More than 1 focal lesion 5 mm in diameter by magnetic resonance imaging (MRI) 10. Vaccination with live attenuated vaccines within 4 weeks of first study agent administration 11. Pregnant, breast-feeding, or planning to become pregnant while receiving study treatment or within 3 months after the last dose of daratumumab 12. Plans to father a child while receiving study treatment or within 3 months after the last dose of daratumumab 13. Major surgery (requiring general anesthesia or presence of other factors that determines surgery to be considered major) within 2 weeks before randomization or who have not fully recovered from surgery, or has surgery planned during the time the subject is expected to participate in the study or within 2 weeks after the last dose of daratumumab. Note: subjects with planned surgical procedures to be conducted under local anesthesia may participate. If there is a question whether a procedure is considered a major surgery, then the investigator must consult with the appropriate sponsor representative and resolve any issues before enrolling a subject in the study. 14. Known or suspected of not being able to comply with the study protocol (eg, because of alcoholism, drug dependency, or psychological disorder). Subject has any condition for which, in the opinion of the investigator, participation would not be in the best interest of the subject (eg, compromise the well-being) or that could prevent, limit, or confound the protocol-specified assessments. Subject is taking any prohibited medications 2. Primary systemic (immunoglobulin light chain) amyloidosis (AL) 3. Exposure to any of the following a. Prior exposure to daratumumab or prior exposure to other anti-CD38 therapies b. Prior exposure to approved or investigational treatments for SMM or MM (including but not limited to conventional chemotherapies, immunomodulatory agent [IMiDs], or proteasome inhibitor [PIs]). Stable standard dosing of bisphosphonate as indicated for osteoporosis is acceptable. c. Exposure to investigational drug (including investigational vaccines) or invasive investigational medical device for any indication within 4 weeks or 5 half-lives, whichever is longer, before Cycle 1, Day 1 d. Ongoing treatment with corticosteroids with a dose >10 mg prednisone or equivalent per day at the time of randomization; or >280 mg cumulative prednisone dose or equivalent for any 4-week period in the year prior to randomization 4. Received treatment for a malignancy (other than SMM) within 3 years before the date of randomization (exceptions are squamous and basal cell carcinomas of the skin, carcinoma in situ of the cervix or breast, or other non-invasive lesion, which is considered cured with minimal risk of recurrence within 3 years. 5. Either of the following: a. Known or suspected chronic obstructive pulmonary disease (COPD) with a forced expiratory volume in 1 second (FEV1) <50% of predicted normal b. Moderate or severe persistent asthma within the past 2 years or currently has uncontrolled asthma of any classification (Note that

subjects who currently have controlled intermittent asthma or controlled mild persistent asthma are allowed in the study) 6. Any of the following: a. Known to be seropositive for human immunodeficiency virus (HIV) b. Seropositive for hepatitis B (defined by a positive test for hepatitis B surface antigen [HBsAg]). Local testing and results of hepatitis B serology (Includes HBsAg, anti-HBs, and anti-HBc) is required for all patients prior to randomization when this amendment 3 is implemented. Subjects with resolved infection (ie, subjects who are HBsAg negative but positive for antibodies to hepatitis B core antigen [Anti-HBc] and/or antibodies to hepatitis B surface antigen [Anti-HBs]) must be screened using real-time polymerase chain reaction (PCR) measurement of hepatitis B virus (HBV) DNA levels. Those who are PCR positive will be excluded. EXCEPTION: Subjects with serologic findings suggestive of HBV vaccination (Anti-HBs positivity as the only serologic marker) AND a known history of prior HBV vaccination, do not need to be tested for HBV DNA by PCR c. Known to be seropositive for hepatitis C (except in the setting of a sustained virologic response [SVR], defined as aviremia at least 12 weeks after completion of antiviral therapy) 7. Medical or psychiatric condition or disease (eg, active systemic disease, uncontrolled diabetes) that is likely to interfere with the study procedures or results, or that in the opinion of the investigator, would constitute a hazard for participating in this study 8. Clinically significant cardiac disease, including: a. Myocardial infarction within 6 months with left ventricular dysfunction or uncontrolled ischemic cardiac disease before Cycle 1 Day 1, or unstable or uncontrolled disease/condition related to or affecting cardiac function (eg, unstable angina, congestive heart failure, New York Heart Association Class III-IV) b. Uncontrolled cardiac arrhythmia (Grade 2 or higher by National Cancer Institute-Common Terminology Criteria for Adverse Events [NCI-CTCAE] Version 4.03) or clinically significant electrocardiogram (ECG) abnormalities c. Screening 12-lead ECG showing a baseline QT interval as corrected QT interval corrected for heart rate >470 msec The LDCT/PET-CT/CT performed for screening should be taken into consideration to determine if additional cardiac workup is required 9. Known allergies, hypersensitivity, or intolerance to corticosteroids, monoclonal antibodies, hyaluronidase, or other human proteins, or their excipients (refer to Daratumumab Investigator Brochure11), or known sensitivity to mammalian-derived products (including dairy allergy).

Calendario

(Última actualización: 23/10/2026)

Autorización	Inicio de Ensayo	Inclusión Primer Paciente	Interrumpido	Reiniciado
22/11/2017	15/12/2017	08/02/2018	No aportado	No aportado

Fin de reclutamiento	Fin prematuro (España)	Fin prematuro (Global)	Fin del ensayo en España	Fin del ensayo global
07/03/2019	No aportado	No aportado	30/04/2026	05/05/2026

Promotor

Janssen - Cilag International Belgium

Turnhoutseweg 30

Contact Person

CTIS Point of Contact

+31717996133

CTISadmin@its.jnj.com

Monetary support: N/A

Tipo de promotor: Comercial

Ceim

CEIm de la Comunidad Foral de Navarra

C/ Irunlarrea, 3 31008 Pamplona

ceic@cfnavarra.es

Centros

Cerrado (06/10/2026)

CLINICA UNIVERSIDAD DE NAVARRA

Pamplona/Iruña

NAVARRA

Servicio de Hematología

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

Clinica Universidad De Navarra

Pamplona

NAVARRA

Hematology

Activo (19/12/2017)

COMPLEJO ASISTENCIAL UNIVERSITARIO DE SALAMANCA

Salamanca

SALAMANCA

Servicio de Hematología

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

Hospital Clinic De Barcelona

Barcelona

BARCELONA

Hematology

Cerrado (30/09/2026)

Hospital Clínic de Barcelona

Barcelona

BARCELONA

Servicio de Hematología

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

Hospital General Universitario Gregorio Maranon

Madrid

MADRID

Hematology

Cerrado (06/10/2026)

HOSPITAL GENERAL UNIVERSITARIO GREGORIO MARAÑÓN

Madrid

MADRID

Servicio de Hematología

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

Hospital Germans Trias I Pujol

Badalona

BARCELONA

Hematology

Cerrado (29/09/2026)

HOSPITAL QUIRÓNSALUD MADRID

Pozuelo de Alarcón

MADRID

Servicio de Hematología

Cerrado (22/10/2026)

HOSPITAL RAMÓN Y CAJAL

Madrid

MADRID

Servicio de Hematología

Activo (27/02/2018)

Hospital Universitari Germans Trias i Pujol de Badalona

Badalona

BARCELONA

Servicio de Hematología

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

Hospital Universitari Vall D Hebron

Barcelona

BARCELONA

Hematology

Cerrado (01/10/2026)

Hospital Universitari Vall d'Hebron

Barcelona

BARCELONA

Servicio de Hematología

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

Hospital Universitario De Salamanca

Salamanca

SALAMANCA

Hematology

Cerrado (15/10/2026)

HOSPITAL UNIVERSITARIO DR. PESET ALEIXANDRE

Valencia

VALENCIA

Servicio de Hematología

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

Hospital Universitario Dr Peset Aleixandre

Valencia

VALENCIA

Hematology

Cerrado (05/06/2019)

HOSPITAL UNIVERSITARIO INFANTA LEONOR

Madrid

MADRID

Servicio de Hematología

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

Hospital Universitario Quironsalud Madrid

Pozuelo De Alarcon

MADRID

Hematology

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

Hospital Universitario Ramon Y Cajal

Madrid

MADRID

Hematology

Medicamentos

JNJ-54767414

INJECTION

SUBCUTANEOUS USE

-

Principios Activos: N/A

Huérfano **Experimental**

Sin resultados

A clinical study to compare the safety, effectiveness and pharmacokinetics (the way the body absorbs, distributes, and gets rid of a drug) of Daratumumab given through the subcutaneous route versus the active monitoring in patients with high risk smoldering multiple myeloma (precancerous form of blood cancer in the bone marrow)

State	Type of participants	Age Ranges
Finished CT	Not provided	Older than 64 , Adults (18-64 years)
Gender	**Phases**	**Expected Participants**
Both	Phase III	192
Results	**Low level of intervention**	**Rare disease**
No results	No	Yes
Geographic coverage	**Areas of the study**	**Advanced therapy**
Undetermined	treatment, safety, effectiveness, pharmacokinetics, pharmacodynamics	NO

Information

Identifier
2023-507143-11-00 (CTIS)

Protocol Code
54767414SMM3001

Transitioned 2016-001205-16

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

Investigated Disease
Precancerous form of blood cancer in the bone marrow

Scientific Title

A Phase 3 Randomized, Multicenter Study of Subcutaneous Daratumumab Versus Active Monitoring in Subjects with High-risk Smoldering Multiple Myeloma

Rationale

Not provided

Main Objective

To determine whether treatment with daratumumab administered subcutaneously (SC) prolongs progression free survival (PFS) compared with active monitoring in subjects with high-risk smoldering multiple myeloma (SMM).

Primary Endpoints

Progression-free survival (PFS), defined as the time from the date of randomization to the date of initial documented progression to MM according to the international myeloma working group (IMWG) diagnostic criteria for MM or the date of death, whichever occurs first

Temporary moments of secondary assessment

Not provided

Secondary Objective

Not provided

Secondary Endpoints

Not provided

Temporary moments of secondary assessment

Not provided

Inclusion criteria

1. At least 18 years of age or at least the legal age of consent in the jurisdiction in which the study is taking place, whichever is the older age. 10. Willing and able to adhere to the prohibitions and restrictions specified in the protocol. 2. Diagnosis of SMM for 5 years with measurable disease, defined as serum M protein 10 grams per litre (g/L) or

urine M protein 200 milligrams (mg)/24 hours or involved serum free light chain (FLC) 100 milligrams per litre (mg/L) and abnormal serum FLC ratio. 3. Bone marrow plasma cells (BMPCs) 10%; and At least 1 of the following; a. Serum M protein 30 g/L, b. Immunoglobulin A (IgA) SMM, c. Immunoparesis with reduction of 2 uninvolved immunoglobulin isotypes, d. Serum involved: uninvolved FLC ratio 8 and < 100, or e. Clonal BMPCs >50% to <60% with measurable disease. 4. Eastern cooperative oncology group (ECOG) performance status score of 0 or 1. 5. Pretreatment clinical laboratory values: refer to protocol 6. Must sign an informed consent form (ICF) or their legally designated representative must sign indicating that he or she understands the purpose of, and procedures required for, the study and is willing to participate in the study. 7. Contraceptive use by men or women should be consistent with local regulations regarding the use of contraceptive methods for subjects participating in clinical studies. Women of childbearing potential must commit to either abstain continuously from heterosexual sexual intercourse or to use 1 method highly effective form of contraception (tubal ligation, intrauterine device, hormonal [birth control pills, injections, hormonal patches, vaginal rings or implants], or partner's vasectomy). Contraception must begin 4 weeks prior to dosing. Highly effective contraception is indicated even where there has been a history of infertility, unless due to hysterectomy. 8. A woman of childbearing potential must have a negative serum or urine pregnancy test at screening within 14 days prior to randomization. 9. During the study and for 3 months after receiving the last dose of daratumumab, a woman must agree not to donate eggs (ova, oocytes) for the purposes of assisted reproduction.

Exclusion criteria

1. Multiple myeloma, requiring treatment, defined by any of the following: a. Bone lesions (one or more osteolytic lesions on low-dose whole body computed tomography [LDCT], positron-emission tomography with computed tomography [PET-CT] or computed tomography [CT]) b. Hypercalcemia (serum calcium >0.25 mmol/L [>1 mg/dL] higher than ULN or >2.75 mmol/L [>11 mg/dL]) c. Renal insufficiency, preferably determined by creatinine clearance <40 mL/min measured or estimated using the modification of diet in renal disease (MDRD), or serum creatinine >177 micro mole per litre (mol/L) d. Anemia, defined as hemoglobin <10 gram per deci litre (g/dL) or >2 g/dL below lower limit of normal or both; transfusion support or concurrent treatment with erythropoietin stimulating agents is not permitted e. Clonal BMPC percentage 60% f. Serum FLC ratio (involved:uninvolved) 100 (The involved FLC must be 100 mg/L) g. More than 1 focal lesion 5 mm in diameter by magnetic resonance imaging (MRI) 10. Vaccination with live attenuated vaccines within 4 weeks of first study agent administration 11. Pregnant, breast-feeding, or planning to become pregnant while receiving study treatment or within 3 months after the last dose of daratumumab 12. Plans to father a child while receiving study treatment or within 3 months after the last dose of daratumumab 13. Major surgery (requiring general anesthesia or presence of other factors that determines surgery to be considered major) within 2 weeks before randomization or who have not fully recovered from surgery, or has surgery planned during the time the subject is expected to participate in the study or within 2 weeks after the last dose of daratumumab. Note: subjects with planned surgical procedures to be conducted under local anesthesia may participate. If there is a question whether a procedure is considered a major surgery, then the investigator must consult with the appropriate sponsor representative and resolve any issues before enrolling a subject in the study. 14. Known or suspected of not being able to comply with the study protocol (eg, because of alcoholism, drug dependency, or psychological disorder). Subject has any condition for which, in the opinion of the investigator, participation would not be in the best interest of the subject (eg, compromise the well-being) or that could prevent, limit, or confound the protocol-specified assessments. Subject is taking any prohibited medications 2. Primary systemic (immunoglobulin light chain) amyloidosis (AL) 3. Exposure to any of the following a. Prior exposure to daratumumab or prior exposure to other anti-CD38 therapies b. Prior exposure to approved or investigational treatments for SMM or MM (including but not limited to conventional chemotherapies, immunomodulatory agent [IMiDs], or proteasome inhibitor [PIs]). Stable standard dosing of bisphosphonate as indicated for osteoporosis is acceptable. c. Exposure to investigational drug (including investigational vaccines) or invasive investigational medical device for any indication within 4 weeks or 5 half-lives, whichever is longer, before Cycle 1, Day 1 d. Ongoing treatment with corticosteroids with a dose >10 mg prednisone or equivalent per day at the time of randomization; or >280 mg cumulative prednisone dose or equivalent for any 4-week period in the year prior to randomization 4. Received treatment for a malignancy (other than SMM) within 3 years before the date of randomization (exceptions are squamous and basal cell carcinomas of the skin, carcinoma in situ of the cervix or breast, or other non-invasive lesion, which is considered cured with minimal risk of recurrence within 3 years. 5. Either of the following: a. Known or suspected chronic obstructive pulmonary disease (COPD) with a forced expiratory volume in 1 second (FEV1) <50% of predicted normal b. Moderate or severe persistent asthma within the past 2 years or currently has uncontrolled asthma of any classification (Note that

subjects who currently have controlled intermittent asthma or controlled mild persistent asthma are allowed in the study) 6. Any of the following: a. Known to be seropositive for human immunodeficiency virus (HIV) b. Seropositive for hepatitis B (defined by a positive test for hepatitis B surface antigen [HBsAg]). Local testing and results of hepatitis B serology (Includes HBsAg, anti-HBs, and anti-HBc) is required for all patients prior to randomization when this amendment 3 is implemented. Subjects with resolved infection (ie, subjects who are HBsAg negative but positive for antibodies to hepatitis B core antigen [Anti-HBc] and/or antibodies to hepatitis B surface antigen [Anti-HBs]) must be screened using real-time polymerase chain reaction (PCR) measurement of hepatitis B virus (HBV) DNA levels. Those who are PCR positive will be excluded. EXCEPTION: Subjects with serologic findings suggestive of HBV vaccination (Anti-HBs positivity as the only serologic marker) AND a known history of prior HBV vaccination, do not need to be tested for HBV DNA by PCR c. Known to be seropositive for hepatitis C (except in the setting of a sustained virologic response [SVR], defined as aviremia at least 12 weeks after completion of antiviral therapy) 7. Medical or psychiatric condition or disease (eg, active systemic disease, uncontrolled diabetes) that is likely to interfere with the study procedures or results, or that in the opinion of the investigator, would constitute a hazard for participating in this study 8. Clinically significant cardiac disease, including: a. Myocardial infarction within 6 months with left ventricular dysfunction or uncontrolled ischemic cardiac disease before Cycle 1 Day 1, or unstable or uncontrolled disease/condition related to or affecting cardiac function (eg, unstable angina, congestive heart failure, New York Heart Association Class III-IV) b. Uncontrolled cardiac arrhythmia (Grade 2 or higher by National Cancer Institute-Common Terminology Criteria for Adverse Events [NCI-CTCAE] Version 4.03) or clinically significant electrocardiogram (ECG) abnormalities c. Screening 12-lead ECG showing a baseline QT interval as corrected QT interval corrected for heart rate >470 msec The LDCT/PET-CT/CT performed for screening should be taken into consideration to determine if additional cardiac workup is required 9. Known allergies, hypersensitivity, or intolerance to corticosteroids, monoclonal antibodies, hyaluronidase, or other human proteins, or their excipients (refer to Daratumumab Investigator Brochure11), or known sensitivity to mammalian-derived products (including dairy allergy).

Calendar

(Last Update: 23/10/2026)

Authorization	Start of Trial	First patient inclusion	Halted	Restarted
22/11/2017	15/12/2017	08/02/2018	Not aported	Not aported

End of recruitment	Premature end (Spain)	Premature End (Global)	Trial end (Spain)	Trial end (Global)
07/03/2019	Not aported	Not aported	30/04/2026	05/05/2026

Sponsor

Janssen - Cilag International Belgium

Turnhoutseweg 30

Contact Person

CTIS Point of Contact

+31717996133

CTISadmin@its.jnj.com

Monetary support: N/A

Sponsor type: Commercial

Ceim

CEIm de la Comunidad Foral de Navarra

C/ Irunlarrea, 3 31008 Pamplona

ceic@cfnavarra.es

Sites

Closed (06/10/2026)

CLINICA UNIVERSIDAD DE NAVARRA

Pamplona/Iruña

NAVARRA

Servicio de Hematología

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

Clinica Universidad De Navarra

Pamplona

NAVARRA

Hematology

Active (19/12/2017)

COMPLEJO ASISTENCIAL UNIVERSITARIO DE SALAMANCA

Salamanca

SALAMANCA

Servicio de Hematología

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

Hospital Clinic De Barcelona

Barcelona

BARCELONA

Hematology

Closed (30/09/2026)

Hospital Clínic de Barcelona

Barcelona

BARCELONA

Servicio de Hematología

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

Hospital General Universitario Gregorio Maranon

Madrid

MADRID

Hematology

Closed (06/10/2026)

HOSPITAL GENERAL UNIVERSITARIO GREGORIO MARAÑÓN

Madrid

MADRID

Servicio de Hematología

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

Hospital Germans Trias I Pujol

Badalona

BARCELONA

Hematology

Closed (29/09/2026)

HOSPITAL QUIRÓNSALUD MADRID

Pozuelo de Alarcón

MADRID

Servicio de Hematología

Closed (22/10/2026)

HOSPITAL RAMÓN Y CAJAL

Madrid

MADRID

Servicio de Hematología

Active (27/02/2018)

Hospital Universitari Germans Trias i Pujol de Badalona

Badalona

BARCELONA

Servicio de Hematología

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

Hospital Universitari Vall D Hebron

Barcelona

BARCELONA

Hematology

Closed (01/10/2026)

Hospital Universitari Vall d'Hebron

Barcelona

BARCELONA

Servicio de Hematología

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

Hospital Universitario De Salamanca

Salamanca

SALAMANCA

Hematology

Closed (15/10/2026)

HOSPITAL UNIVERSITARIO DR. PESET ALEIXANDRE

Valencia

VALENCIA

Servicio de Hematología

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

Hospital Universitario Dr Peset Aleixandre

Valencia

VALENCIA

Hematology

Closed (05/06/2019)

HOSPITAL UNIVERSITARIO INFANTA LEONOR

Madrid

MADRID

Servicio de Hematología

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

Hospital Universitario Quironsalud Madrid

Pozuelo De Alarcon

MADRID

Hematology

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

Hospital Universitario Ramon Y Cajal

Madrid

MADRID

Hematology

Medication

JNJ-54767414

INJECTION

SUBCUTANEOUS USE

-

Active Principles: N/A

Orphan **Experimental**

No results