A Randomized, Multicenter, Open-Label, Non-Inferiority, Phase 3 Study of ACP-196 Versus Ibrutinib in Previously Treated Subjects with High Risk Chronic Lymphocytic Leukemia

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	16
Resultados	**Bajo nivel intervención**	**Enfermedad rara**
Tiene resultados	No	Si
Cobertura geográfica	**Ámbitos del ensayo**	**Terapia avanzada**
Sin determinar	tratamiento, seguridad, eficacia, farmacocinética, farmacodinamica, farmacogenómica	NO

Información

Identificador
2023-509347-27-00 (CTIS)

Cod. Protocolo
ACE-CL-006

Transicionado 2014-005530-64

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

Enfermedad investigada
High Risk Chronic Lymphocytic Leukaemia

Título Científico
A Randomized, Multicenter, Open-Label, Non-Inferiority, Phase 3 Study of ACP-196 Versus Ibrutinib in Previously Treated Subjects with High Risk Chronic Lymphocytic Leukemia

Justificación

No aportado

Objetivo Principal

To assess whether ACP-196 is non-inferior to ibrutinib with respect to progression-free survival (PFS) based on independent review committee (IRC) assessment in subjects with relapsed or refractory chronic lymphocytic leukaemia (CLL) with high-risk prognostic markers.

Variables de Evaluación Primaria

To assess whether ACP-196 is non-inferior to ibrutinib with respect to progression-free survival (PFS) based on independent review committee (IRC) assessment in subjects with relapsed or refractory chronic lymphocytic leukemia (CLL) with high-risk prognostic markers.

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

Efficacy: To evaluate the benefit/risk of acalabrutinib versus ibrutinib in terms of: 1. Grade 3 infections 2. Richters transformation 3. Atrial fibrillation 4. OS
Safety Objectives: - Safety and tolerability including AEs of interest and laboratory assessments
Exploratory Objectives: 1. IRC-assessed ORR per IWCLL 2008 criteria (through protocol version 5.0) 2. Investigator-assessed PFS and ORR per IWCLL 2008 criteria 3. Improvement and/or resolution of disease-related symptoms 4. Improvement in incidence of diarrhea, major bleeding events, lymphocytosis, and second primary malignancy 5. Patient-reported outcome (PRO) by various scales will not be collected as of protocol version 6.0 6. Medical resource utilization (MRU) will not be collected as of protocol version 6.0 7. Summarized plasma concentrations of acalabrutinib at specified time points. PK parameters estimated, as appropriate 8. Potential predictive biomarkers and mechanisms of resistance for the disease

Variables de Evaluación Secundaria

To compare between ACP-196 and ibrutinib in terms of: Incidence of Grade 3 infections Incidence of Richter's transformation Incidence of atrial fibrillation OS

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

Men and women 18 years of age. Men who are sexually active and can beget children must agree to use highly effective forms of contraception during the study and for 2 days after the last dose of acalabrutinib or 90 days after the last dose of ibrutinib, whichever is longer. Men must agree to refrain from sperm donation during the study and for 2 days after the last dose of acalabrutinib or 90 days after the last dose of ibrutinib, whichever is longer. Must be willing and able to adhere to the study visit schedule, understand and comply with other protocol requirements, and provide written informed consent and authorization to use protected health information (in accordance with national and local patient privacy regulations). Note vulnerable subjects, as defined in the International Conference on Harmonisation (ICH) GCP, are not allowed on this protocol (eg, prisoners or institutionalized subjects). ECOG performance status of 0 to 2. Diagnosis of CLL that meets published diagnostic criteria (Hallek 2008): a. Monoclonal B-cells (either kappa or lambda light chain restricted) that are clonally co-expressing 1 B-cell marker (CD19, CD20, or CD23) and CD5. b. Prolymphocytes may comprise 55% of blood lymphocytes. c. Presence of 5 x 109 B lymphocytes/L (5000 L) in the peripheral blood (at any point since diagnosis); this applies to CLL only. Must have 1 of the following high-risk prognostic factors: a. Presence of 17p del by central laboratory. b. Presence of 11q del by central laboratory. Active disease meeting 1 of the following IWCLL 2008 criteria for requiring treatment: a. Evidence of progressive marrow failure as manifested by the development of, or worsening of, anemia (hemoglobin < 10 g/dL) and/or thrombocytopenia (platelets < 100,000/L). b. Massive (ie, 6 cm below the left costal margin), progressive, or symptomatic splenomegaly. c. Massive nodes (ie, 10 cm in the longest diameter), progressive, or symptomatic lymphadenopathy. d. Progressive lymphocytosis with an increase of > 50% over a 2-month period or a LDT of < 6 months. LDT may be obtained by linear regression extrapolation of ALC obtained at intervals of 2 weeks over an observation period of 2 to 3 months. In subjects with initial blood lymphocyte counts of < 30 X 109/L (30,000/L), LDT should not be used as a single parameter to define indication for treatment. In addition, factors contributing to lymphocytosis or lymphadenopathy other than CLL (eg, infections) should be excluded. e. Autoimmune anemia and/or thrombocytopenia that is poorly responsive to standard therapy. f. Constitutional symptoms documented in the subjects chart with supportive objective measures, as appropriate, defined as 1 of the following disease-related symptoms or signs: i. Unintentional weight loss 10% within the previous 6 months before Screening. ii. Significant fatigue (ie, ECOG performance status 2 or worse; inability to work or perform usual activities). iii. Fevers > 100.5°F or 38.0°C for 2 weeks before Screening without evidence of infection. iv. Night sweats for > 1 month before Screening without evidence of infection. Must have received 1 prior therapies for CLL. Meet the following laboratory parameters: a. ANC 750 cells/L (0.75 x 109/L) or 500 cells/L (0.50 x 109/L) in subjects with documented bone marrow involvement, and independent of growth factor support 7 days before assessment. b. Platelet count 30,000 cells/L (30 x 109/L) without transfusion support 7 days before assessment. Subjects with transfusion-dependent thrombocytopenia are excluded. c. Serum AST/SGOT and ALT/SGPT 3.0 x ULN. d. Total bilirubin 1.5 x ULN. e. Estimated creatinine clearance (ie, eGFR using Cockcroft-Gault) 30 mL/min. Able to receive all outpatient treatment, all laboratory monitoring, and all radiologic evaluations at the institution that administers study drug for the entire study. Women who are sexually active and can bear children must agree to use highly effective forms of contraception while on the study and for 2 days after the last dose of acalabrutinib or 90 days after the last dose of ibrutinib, whichever is longer.

Criterios de Exclusión

Subjects will be ineligible for this study if they meet any of the following criteria: - Known CNS lymphoma or leukemia. History of prior malignancy except: a. Malignancy treated with curative intent and with no evidence of active disease present for more than 3 years before Screening and felt to be at low risk for recurrence by treating physician. b. Adequately treated lentigo malign melanoma without current evidence of disease or adequately controlled non-melanomatous skin cancer c. Adequately treated cervical carcinoma in situ without current evidence of disease. Significant cardiovascular disease such as uncontrolled or symptomatic arrhythmias, congestive heart failure, or myocardial infarction within 6 months of screening, or any Class 3 or 4 cardiac disease as defined by the New York Heart Association Functional Classification, or QTc > 480 msec at screening. Unable to swallow capsules or malabsorption syndrome, disease significantly affecting gastrointestinal function, or resection of the stomach or small bowel or gastric bypass, symptomatic inflammatory bowel disease, or partial or complete bowel obstruction Uncontrolled active systemic fungal, bacterial, viral, or other infection (defined as exhibiting ongoing signs/symptoms

related to the infection and without improvement, despite appropriate antibiotics or other treatment) or ongoing intravenous anti-infective treatment. Known history of infection with HIV. Serologic status reflecting active hepatitis B or C infection. Subjects with hepatitis B core antibody positive who are surface antigen negative or who are hepatitis C antibody positive will need to have a negative polymerase chain reaction (PCR) result before randomization. Those who are hepatitis B surface antigen positive or hepatitis B PCR positive and those who are hepatitis C PCR positive will be excluded. History of stroke or intracranial hemorrhage within 6 months before randomization. History of bleeding diathesis (eg, hemophilia, von Willebrand disease). Requires or receiving anticoagulation with warfarin or equivalent vitamin K antagonists (eg, phenprocoumon) within 7 days of first dose of study drug. Requires treatment with a strong CYP3A inhibitor/inducer. Known prolymphocytic leukemia or history of, or currently suspected, Richters syndrome. Requires treatment with proton-pump inhibitors (eg, omeprazole, esomeprazole, lansoprazole, dexlansoprazole, rabeprazole, or pantoprazole), applicable only to those subjects receiving Acalabrutinib capsules. Breastfeeding or pregnant. Concurrent participation in another therapeutic clinical trial. Presence of a gastrointestinal ulcer diagnosed by endoscopy within 3 months before screening. Uncontrolled AIHA or ITP defined as declining hemoglobin or platelet count secondary to autoimmune destruction within the screening period or requirement for high doses of steroids (> 20 mg daily of prednisone daily or equivalent). Prior exposure to ibrutinib or to a BCR inhibitor (eg Btk or PI3 kinase or Syk inhibitors) or a BCL-2 inhibitor (eg, ABT-199). Received any chemotherapy, external beam radiation therapy, anticancer antibodies, or investigational drug within 30 days before first dose of study drug. Corticosteroid use > 20 mg within 1 week before first dose of study drug, except as indicated for other medical conditions such as inhaled steroid for asthma, topical steroid use, or as premedication for administration of study drug or contrast. For example, subjects requiring steroids at daily doses > 20 mg prednisone equivalent systemic exposure daily, or those who are administered steroids for leukemia control or white blood cell count lowering are excluded. Prior radio- or toxin-conjugated antibody therapy. Prior allogeneic stem cell transplant or autologous transplant. Major surgery within 4 weeks before first dose of study drug.

Calendario

(Última actualización: 06/10/2026)

Autorización	Inicio de Ensayo	Inclusión Primer Paciente	Interrumpido	Reiniciado
27/07/2015	30/09/2015	No aportado	No aportado	No aportado

Fin de reclutamiento	Fin prematuro (España)	Fin prematuro (Global)	Fin del ensayo en España	Fin del ensayo global
01/11/2017	No aportado	No aportado	18/08/2026	No aportado

Promotor

Acerta Pharma B.V. Netherlands

Kloosterstraat 9

Contact Person

Global Clinical Lead

+18772409479

information.center@astrazeneca.com

Monetary support: N/A

Tipo de promotor: Comercial

Ceim

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935537813

Centros

Cerrado (13/06/2016)

CLINICA UNIVERSIDAD DE NAVARRA

PAMPLONA/IRUÑA

NAVARRA

Servicio de Hematologia

Cerrado (26/05/2021)

HOSPITAL DE LA SANTA CREU I SANT PAU

BARCELONA

BARCELONA

Servicio de Hematologia

Cerrado (31/01/2023)

HOSPITAL GENERAL UNIVERSITARIO GREGORIO MARAÑÓN

MADRID

MADRID

Servicio de Hematologia

Cerrado (07/05/2021)

HOSPITAL GENERAL UNIVERSITARIO J.M. MORALES MESEGUER

MURCIA

MURCIA

Servicio de Hematologia

Cerrado (11/01/2023)

HOSPITAL UNIVERSITARIO DE LA PRINCESA

MADRID

MADRID

Servicio de Hematologia

Cerrado (22/10/2021)

HOSPITAL UNIVERSITARIO INFANTA LEONOR (*)

MADRID

MADRID

Servicio de Hematologia

Cerrado (23/01/2023)

HOSPITAL UNIVERSITARIO MARQUÉS DE VALDECILLA

SANTANDER

CANTABRIA

Servicio de Hematologia

Cerrado (21/12/2022)

HOSPITAL UNIVERSITARIO PUERTA DE HIERRO MAJADAHONDA

MAJADAHONDA

MADRID

Servicio de Hematologia

Cerrado (28/12/2022)

HOSPITAL UNIVERSITARIO 12 DE OCTUBRE

MADRID

MADRID

Servicio de Hematologia

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

Institut Catala D´oncologia

L'hospitalet De Llobregat

BARCELONA

Oncology

Activo (13/06/2016)

Institut Catala D'oncologia

HOSPITALET DE LLOBREGAT (L´)

BARCELONA

Medicamentos

IMBRUVICA 140 mg hard capsules
CAPSULE, HARD
ORAL USE

Código ATC: L01EL01 - IBRUTINIB
Principios Activos: N/A

Experimental

Calquence 100 mg film-coated tablets
FILM-COATED TABLET
ORAL USE

Código ATC: L01EL02 - ACALABRUTINIB
Principios Activos: N/A

Experimental

IMBRUVICA 140 mg hard capsules
CAPSULE, HARD
ORAL USE

Código ATC: L01EL01 - IBRUTINIB
Principios Activos: N/A

Experimental

Calquence 100 mg hard capsules
CAPSULE, HARD
ORAL USE

Código ATC: L01EL02 - ACALABRUTINIB
Principios Activos: N/A

Experimental

Tiene resultados

A Randomized, Multicenter, Open-Label, Non-Inferiority, Phase 3 Study of ACP-196 Versus Ibrutinib in Previously Treated Subjects with High Risk Chronic Lymphocytic Leukemia

State	**Type of participants**	**Age Ranges**
Finished CT	Not provided	Older than 64 , Adults (18-64 years)
Gender	**Phases**	**Expected Participants**
Both	Phase III	16
Results	**Low level of intervention**	**Rare disease**
Has results	No	Yes
Geographic coverage	**Areas of the study**	**Advanced therapy**
Undetermined	treatment, safety, effectiveness, pharmacokinetics, pharmacodynamics, pharmacogenomics	NO

Information

Identifier
2023-509347-27-00 (CTIS)

Protocol Code
ACE-CL-006

Transitioned 2014-005530-64

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

Investigated Disease
High Risk Chronic Lymphocytic Leukaemia

Scientific Title
A Randomized, Multicenter, Open-Label, Non-Inferiority, Phase 3 Study of ACP-196 Versus Ibrutinib in Previously Treated Subjects with High Risk Chronic Lymphocytic Leukemia

Rationale

Not provided

Main Objective

To assess whether ACP-196 is non-inferior to ibrutinib with respect to progression-free survival (PFS) based on independent review committee (IRC) assessment in subjects with relapsed or refractory chronic lymphocytic leukaemia (CLL) with high-risk prognostic markers.

Primary Endpoints

To assess whether ACP-196 is non-inferior to ibrutinib with respect to progression-free survival (PFS) based on independent review committee (IRC) assessment in subjects with relapsed or refractory chronic lymphocytic leukemia (CLL) with high-risk prognostic markers.

Temporary moments of secondary assessment

Not provided

Secondary Objective

Efficacy: To evaluate the benefit/risk of acalabrutinib versus ibrutinib in terms of: 1. Grade 3 infections 2. Richters transformation 3. Atrial fibrillation 4. OS
Safety Objectives: - Safety and tolerability including AEs of interest and laboratory assessments
Exploratory Objectives: 1. IRC-assessed ORR per IWCLL 2008 criteria (through protocol version 5.0) 2. Investigator-assessed PFS and ORR per IWCLL 2008 criteria 3. Improvement and/or resolution of disease-related symptoms 4. Improvement in incidence of diarrhea, major bleeding events, lymphocytosis, and second primary malignancy 5. Patient-reported outcome (PRO) by various scales will not be collected as of protocol version 6.0 6. Medical resource utilization (MRU) will not be collected as of protocol version 6.0 7. Summarized plasma concentrations of acalabrutinib at specified time points. PK parameters estimated, as appropriate 8. Potential predictive biomarkers and mechanisms of resistance for the disease

Secondary Endpoints

To compare between ACP-196 and ibrutinib in terms of: Incidence of Grade 3 infections Incidence of Richter's transformation Incidence of atrial fibrillation OS

Temporary moments of secondary assessment

Not provided

Inclusion criteria

Men and women 18 years of age. Men who are sexually active and can beget children must agree to use highly effective forms of contraception during the study and for 2 days after the last dose of acalabrutinib or 90 days after the last dose of ibrutinib, whichever is longer. Men must agree to refrain from sperm donation during the study and for 2 days after the last dose of acalabrutinib or 90 days after the last dose of ibrutinib, whichever is longer. Must be willing and able to adhere to the study visit schedule, understand and comply with other protocol requirements, and provide written informed consent and authorization to use protected health information (in accordance with national and local patient privacy regulations). Note vulnerable subjects, as defined in the International Conference on Harmonisation (ICH) GCP, are not allowed on this protocol (eg, prisoners or institutionalized subjects). ECOG performance status of 0 to 2. Diagnosis of CLL that meets published diagnostic criteria (Hallek 2008): a. Monoclonal B-cells (either kappa or lambda light chain restricted) that are clonally co-expressing 1 B-cell marker (CD19, CD20, or CD23) and CD5. b. Prolymphocytes may comprise 55% of blood lymphocytes. c. Presence of 5 x 109 B lymphocytes/L (5000 L) in the peripheral blood (at any point since diagnosis); this applies to CLL only. Must have 1 of the following high-risk prognostic factors: a. Presence of 17p del by central laboratory. b. Presence of 11q del by central laboratory. Active disease meeting 1 of the following IWCLL 2008 criteria for requiring treatment: a. Evidence of progressive marrow failure as manifested by the development of, or worsening of, anemia (hemoglobin < 10 g/dL) and/or thrombocytopenia (platelets < 100,000/L). b. Massive (ie, 6 cm below the left costal margin), progressive, or symptomatic splenomegaly. c. Massive nodes (ie, 10 cm in the longest diameter), progressive, or symptomatic lymphadenopathy. d. Progressive lymphocytosis with an increase of > 50% over a 2-month period or a LDT of < 6 months. LDT may be obtained by linear regression extrapolation of ALC obtained at intervals of 2 weeks over an observation period of 2 to 3 months. In subjects with initial blood lymphocyte counts of < 30 X 109/L (30,000/L), LDT should not be used as a single parameter to define indication for treatment. In addition, factors contributing to lymphocytosis or lymphadenopathy other than CLL (eg, infections) should be excluded. e. Autoimmune anemia and/or thrombocytopenia that is poorly responsive to standard therapy. f. Constitutional symptoms documented in the subjects chart with supportive objective measures, as appropriate, defined as 1 of the following disease-related symptoms or signs: i. Unintentional weight loss 10% within the previous 6 months before Screening. ii. Significant fatigue (ie, ECOG performance status 2 or worse; inability to work or perform usual activities). iii. Fevers > 100.5°F or 38.0°C for 2 weeks before Screening without evidence of infection. iv. Night sweats for > 1 month before Screening without evidence of infection. Must have received 1 prior therapies for CLL. Meet the following laboratory parameters: a. ANC 750 cells/L (0.75 x 109/L) or 500 cells/L (0.50 x 109/L) in subjects with documented bone marrow involvement, and independent of growth factor support 7 days before assessment. b. Platelet count 30,000 cells/L (30 x 109/L) without transfusion support 7 days before assessment. Subjects with transfusion-dependent thrombocytopenia are excluded. c. Serum AST/SGOT and ALT/SGPT 3.0 x ULN. d. Total bilirubin 1.5 x ULN. e. Estimated creatinine clearance (ie, eGFR using Cockcroft-Gault) 30 mL/min. Able to receive all outpatient treatment, all laboratory monitoring, and all radiologic evaluations at the institution that administers study drug for the entire study. Women who are sexually active and can bear children must agree to use highly effective forms of contraception while on the study and for 2 days after the last dose of acalabrutinib or 90 days after the last dose of ibrutinib, whichever is longer.

Exclusion criteria

Subjects will be ineligible for this study if they meet any of the following criteria: - Known CNS lymphoma or leukemia. History of prior malignancy except: a. Malignancy treated with curative intent and with no evidence of active disease present for more than 3 years before Screening and felt to be at low risk for recurrence by treating physician. b. Adequately treated lentigo malign melanoma without current evidence of disease or adequately controlled non-melanomatous skin cancer c. Adequately treated cervical carcinoma in situ without current evidence of disease. Significant cardiovascular disease such as uncontrolled or symptomatic arrhythmias, congestive heart failure, or myocardial infarction within 6 months of screening, or any Class 3 or 4 cardiac disease as defined by the New York Heart Association Functional Classification, or QTc > 480 msec at screening. Unable to swallow capsules or malabsorption syndrome, disease significantly affecting gastrointestinal function, or resection of the stomach or small bowel or gastric bypass, symptomatic inflammatory bowel disease, or partial or complete bowel obstruction Uncontrolled active systemic fungal, bacterial, viral, or other infection (defined as exhibiting ongoing signs/symptoms

related to the infection and without improvement, despite appropriate antibiotics or other treatment) or ongoing intravenous anti-infective treatment. Known history of infection with HIV. Serologic status reflecting active hepatitis B or C infection. Subjects with hepatitis B core antibody positive who are surface antigen negative or who are hepatitis C antibody positive will need to have a negative polymerase chain reaction (PCR) result before randomization. Those who are hepatitis B surface antigen positive or hepatitis B PCR positive and those who are hepatitis C PCR positive will be excluded. History of stroke or intracranial hemorrhage within 6 months before randomization. History of bleeding diathesis (eg, hemophilia, von Willebrand disease). Requires or receiving anticoagulation with warfarin or equivalent vitamin K antagonists (eg, phenprocoumon) within 7 days of first dose of study drug. Requires treatment with a strong CYP3A inhibitor/inducer. Known prolymphocytic leukemia or history of, or currently suspected, Richters syndrome. Requires treatment with proton-pump inhibitors (eg, omeprazole, esomeprazole, lansoprazole, dexlansoprazole, rabeprazole, or pantoprazole), applicable only to those subjects receiving Acalabrutinib capsules. Breastfeeding or pregnant. Concurrent participation in another therapeutic clinical trial. Presence of a gastrointestinal ulcer diagnosed by endoscopy within 3 months before screening. Uncontrolled AIHA or ITP defined as declining hemoglobin or platelet count secondary to autoimmune destruction within the screening period or requirement for high doses of steroids (> 20 mg daily of prednisone daily or equivalent). Prior exposure to ibrutinib or to a BCR inhibitor (eg Btk or PI3 kinase or Syk inhibitors) or a BCL-2 inhibitor (eg, ABT-199). Received any chemotherapy, external beam radiation therapy, anticancer antibodies, or investigational drug within 30 days before first dose of study drug. Corticosteroid use > 20 mg within 1 week before first dose of study drug, except as indicated for other medical conditions such as inhaled steroid for asthma, topical steroid use, or as premedication for administration of study drug or contrast. For example, subjects requiring steroids at daily doses > 20 mg prednisone equivalent systemic exposure daily, or those who are administered steroids for leukemia control or white blood cell count lowering are excluded. Prior radio- or toxin-conjugated antibody therapy. Prior allogeneic stem cell transplant or autologous transplant. Major surgery within 4 weeks before first dose of study drug.

Calendar

(Last Update: 06/10/2026)

Authorization	Start of Trial	First patient inclusion	Halted	Restarted
27/07/2015	30/09/2015	Not aported	Not aported	Not aported

End of recruitment	Premature end (Spain)	Premature End (Global)	Trial end (Spain)	Trial end (Global)
01/11/2017	Not aported	Not aported	18/08/2026	Not aported

Sponsor

Acerta Pharma B.V. Netherlands

Kloosterstraat 9

Contact Person

Global Clinical Lead

+18772409479

information.center@astrazeneca.com

Monetary support: N/A

Sponsor type: Commercial

Ceim

CEIm Fundacio de Gestio Sanitaria Hospital de la Santa Creu i Sant Pau

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Sites

Closed (13/06/2016)

CLINICA UNIVERSIDAD DE NAVARRA

PAMPLONA/IRUÑA

NAVARRA

Servicio de Hematologia

Closed (26/05/2021)

HOSPITAL DE LA SANTA CREU I SANT PAU

BARCELONA

BARCELONA

Servicio de Hematologia

Closed (31/01/2023)

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MADRID

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MADRID

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Servicio de Hematologia

Closed (22/10/2021)

HOSPITAL UNIVERSITARIO INFANTA LEONOR (*)

MADRID

MADRID

Servicio de Hematologia

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HOSPITAL UNIVERSITARIO MARQUÉS DE VALDECILLA

SANTANDER

CANTABRIA

Servicio de Hematologia

Closed (21/12/2022)

HOSPITAL UNIVERSITARIO PUERTA DE HIERRO MAJADAHONDA

MAJADAHONDA

MADRID

Servicio de Hematologia

Closed (28/12/2022)

HOSPITAL UNIVERSITARIO 12 DE OCTUBRE

MADRID

MADRID

Servicio de Hematologia

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

Institut Catala D´oncologia

L'hospitalet De Llobregat

BARCELONA

Oncology

Active (13/06/2016)

Institut Catala D'oncologia

HOSPITALET DE LLOBREGAT (L´)

BARCELONA

Medication

IMBRUVICA 140 mg hard capsules
CAPSULE, HARD
ORAL USE

ATC code: L01EL01 - IBRUTINIB
Active Principles: N/A

Experimental

Calquence 100 mg film-coated tablets
FILM-COATED TABLET
ORAL USE

ATC code: L01EL02 - ACALABRUTINIB
Active Principles: N/A

Experimental

IMBRUVICA 140 mg hard capsules
CAPSULE, HARD
ORAL USE

ATC code: L01EL01 - IBRUTINIB
Active Principles: N/A

Experimental

Calquence 100 mg hard capsules
CAPSULE, HARD
ORAL USE

ATC code: L01EL02 - ACALABRUTINIB
Active Principles: N/A

Experimental

Has results