# Study of efficacy and safety of asciminib in addition to imatinib in CML-CP patients without a deep level or response on imatinib

| | | |
|---|---|---|
| **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 | 91 |
| **Resultados** | **Bajo nivel intervención** | **Enfermedad rara** |
| Tiene resultados | No | No |
| **Cobertura geográfica** | **Ámbitos del ensayo** | **Terapia avanzada** |
| Multicéntrico internacional | seguridad, eficacia, farmacocinética | NO |

## Información

### Identificador
2024-515040-23-00 (CTIS)

### Cod. Protocolo
CABL001E2201

Transicionado 2018-001594-24

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

### Enfermedad investigada
Chronic Myelogenous Leukemia in chronic phase (CML-CP), previously treated with imatinib and have not achieved deep molecular response

### Título Científico
A phase 2, multi-center, open-label, randomized study of oral asciminib added to imatinib versus continued imatinib versus switch to nilotinib in patients with CML-CP who have been previously treated with imatinib and have not achieved deep molecular response

## Justificación

No aportado

## Objetivo Principal

The primary objective of this study is to assess whether asciminib 40 mg once daily (QD) + imatinib 400 mg QD or asciminib 60 mg QD + imatinib 400 mg QD is more effective than continued imatinib by testing the MR4.5 rate at 48 weeks.

## Variables de Evaluación Primaria

Molecular Response (MR)4.5 rate at 48 weeks

## Momentos temporales de evaluación primaria

No aportado

## Objetivo Secundario

To estimate efficacy of switch to nilotinib assessed by the MR4.5 rate at 48 weeks.
To estimate difference in efficacy between asciminib 60 mg + imatinib and switch to nilotinib considering the difference in MR4.5 rate at 48 weeks.
To estimate difference in efficacy between asciminib 40 mg + imatinib and switch to nilotinib considering the difference in MR4.5 rate at 48 weeks.
To assess additional parameters of the efficacy of asciminib 60 mg or 40 mg added to imatinib versus continued imatinib or switch to nilotinib i.e. the rate of MR4.5 at 96 weeks, rate of MR4.5 by 48 and 96 weeks, sustained MR4.5 at 96 weeks and time to MR4.5.
To characterize the safety and tolerability profile of asciminib 60 mg or 40 mg + imatinib versus continued imatinib or switch to nilotinib by comparing the incidence and severity of adverse events (AEs), changes in laboratory values, clinically notable ECG abnormalities and vital signs.
To assess the pharmacokinetic profile of asciminib 60 mg or 40 mg and imatinib when administered in combination.

## Variables de Evaluación Secundaria

Molecular Response (MR)4.5 rate at 48 weeks Difference in rate of MR4.5 at 48 weeks
Rate of MR4.5 at 96 weeks Rate of MR4.5 by 48 and 96 weeks Sustained MR4.5 at 96 weeks Time to MR4.5
Incidence and severity of adverse events, changes in laboratory values, clinically notable ECG abnormalities and vital signs
Plasma concentrations of asciminib and imatinib when administered in combination. PK parameters include but are not limited to Cmax, Tmax, Cmin, AUClast and AUCtau

## Momentos temporales de evaluación secundaria

No aportado

## Criterios de Inclusión

Signed informed consent must be obtained prior to participation in the study. Male or female patients 18 years of age with a confirmed diagnosis of CMLCP. Minimum of one year (12 calendar months) treatment with imatinib first line for CML-CP (patients have to be on imatinib 300 mg QD or higher). BCR-ABL1 levels > 0.01% IS and 1% IS at the time of study entry as confirmed with a central assessment at screening; patients must not have achieved deep molecular response (MR4 IS) at any time during prior imatinib treatment. Patient must meet the following laboratory values before randomization: Absolute Neutrophil Count 1.5 x 109 L Platelets 75 x 109/L Hemoglobin 9 g/dL Serum creatinine (sCr) < 1.5 mg/dL Total bilirubin (TBL) 1.5 x upper limit of normal (ULN) except for patients with Gilberts syndrome who may only be included with total bilirubin 3.0 x ULN Aspartate aminotransaminase (AST) 3.0 x ULN Alanine aminotransaminase (ALT) 3.0 x ULN Alkaline phosphatase (ALP) 2.5 x ULN Serum lipase 1.5 x ULN. For serum lipase > ULN - 1.5 x ULN, value must be considered not clinically significant and not associated with risk factors for acute pancreatitis Patients must have the following laboratory values ( lower limit of normal (LLN)) or corrected to within normal limits with supplements prior to randomization: Potassium (potassium increase of up to 6.0 mmol/L is acceptable if associated with creatinine clearance* within normal limits) Total calcium (corrected for serum albumin); (calcium increase of up to 12.5 mg/dl or 3.1 mmol/L is acceptable if associated with creatinine clearance* within normal limits) Magnesium (magnesium increase up to 3.0 mg/dL or 1.23 mmol/L if associated with creatinine clearance* within normal limits. *Creatinine clearance as calculated using Cockcroft-Gault formula

## Criterios de Exclusión

Treatment failure according to ELN 2013 criteria during imatinib treatment.
Known second chronic phase of CML after previous progression to accelerated phase/blast crisis (AP/BC).
Previous treatment with any TKIs other than imatinib
History or current diagnosis of ECG abnormalities indicating significant risk or safety for subjects participating in the study such as: History of myocardial infarction (MI), angina pectoris, coronary artery bypass graft (CABG) within 6 months prior to randomization Concomitant clinically significant arrhythmias, e.g. sustained ventricular tachycardia, and clinically significant second or third degree atrioventricular (AV) block without a pacemaker Resting QTcF 450 msec (male) or 460 msec (female) prior to randomization Long QT syndrome, family history of idiopathic sudden death or congenital long QT syndrome, or any of the following Risk factors for Torsades de Pointes including uncorrected hypokalemia or hypomagnesemia, history of cardiac failure, or history of clinically significant/symptomatic bradycardia Concomitant medications with a "known" risk of Torsades de Pointes per qtdrugs.org that cannot be discontinued or replaced by safe alternative medication inability to determine the QTcF interval
Severe and/or uncontrolled concurrent medical disease that in the opinion of the investigator could cause unacceptable safety risks or compromise compliance with the protocol (e.g. uncontrolled diabetes, active or uncontrolled infection, uncontrolled clinically significant hyperlipidemia and high serum amylase).
History of acute pancreatitis within 1 year prior to randomization or past medical history of chronic pancreatitis or history of acute or chronic liver disease.
History of other active malignancy within 3 years prior to randomization with the exception of basal cell skin cancer, indolent prostate cancer and carcinoma in situ treated curatively.

# Calendario

(Última actualización: 09/04/2025)

| Autorización | Inicio de Ensayo | Inclusión Primer Paciente | Interrumpido | Reiniciado |
|---|---|---|---|---|
| 21/09/2018 | 16/10/2018 | 09/01/2019 | No aportado | No aportado |

| Fin de reclutamiento | Fin prematuro (España) | Fin prematuro (Global) | Fin del ensayo en España | Fin del ensayo global |
|---|---|---|---|---|
| 07/02/2024 | No aportado | No aportado | 26/02/2025 | 27/02/2025 |

# Promotor

## Novartis Pharma AG Switzerland

**Lichtstrasse 35**

**Contact Person**

Novartis Pharma Arzneimittel GmbH

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**Monetary support: N/A**

**Tipo de promotor: Comercial**

# Ceim

**CEIm Provincial de Sevilla**

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**955043127**

# Centros

Cerrado (26/02/2025)

**HOSPITAL RAMÓN Y CAJAL**

Madrid

MADRID

Cerrado (26/02/2025)

**HOSPITAL UNIVERSITARI I POLITÈCNIC LA FE**

Valencia

VALENCIA

Cerrado (20/08/2020)

**HOSPITAL UNIVERSITARIO DE GRAN CANARIA DR. NEGRÍN**

Palmas de Gran Canaria, Las

LAS PALMAS

Cerrado (26/02/2025)

**HOSPITAL VIRGEN MACARENA**

Sevilla

SEVILLA

Cerrado (26/02/2025)

**Institut Catala D'oncologia**

Badalona

BARCELONA

# Medicamentos

### Scemblix 20 mg film-coated tablets
FILM-COATED TABLET
ORAL USE

Código ATC: L01EA06 - ASCIMINIB
Principios Activos: N/A

Huérfano — Experimental

### Scemblix 40 mg film-coated tablets
FILM-COATED TABLET
ORAL USE

Código ATC: L01EA06 - ASCIMINIB
Principios Activos: N/A

Huérfano — Experimental

### NILOTINIB
CAPSULE, HARD
ORAL USE

-
Principios Activos: N/A

Huérfano — Experimental

### NILOTINIB
CAPSULE, HARD
ORAL USE

-
Principios Activos: N/A

Huérfano — Experimental

### IMATINIB
FILM-COATED TABLET
ORAL USE

-
Principios Activos: N/A

Experimental

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Principios Activos: N/A

Huérfano — Experimental

**IMATINIB**
**FILM-COATED TABLET**
**ORAL USE**

-

**Principios Activos: N/A**

**Experimental**

# Tiene resultados

# Study of efficacy and safety of asciminib in addition to imatinib in CML-CP patients without a deep level or response on imatinib

| State | Type of participants | Age Ranges |
|---|---|---|
| Finished CT | Not provided | Older than 64 , Adults (18-64 years) |
| **Gender** | **Phases** | **Expected Participants** |
| Both | Phase II | 91 |
| **Results** | **Low level of intervention** | **Rare disease** |
| Has results | No | No |
| **Geographic coverage** | **Areas of the study** | **Advanced therapy** |
| International multicenter | safety, effectiveness, pharmacokinetics | NO |

# Information

## Identifier

2024-515040-23-00 (CTIS)

## Protocol Code

CABL001E2201

Transitioned 2018-001594-24

## Therapeutic area

Diseases [C] - Cancer [C04]|

## Investigated Disease

Chronic Myelogenous Leukemia in chronic phase (CML-CP), previously treated with imatinib and have not achieved deep molecular response

## Scientific Title

A phase 2, multi-center, open-label, randomized study of oral asciminib added to imatinib versus continued imatinib versus switch to nilotinib in patients with CML-CP who have been previously treated with imatinib and have not achieved deep molecular response

## Rationale

Not provided

## Main Objective

The primary objective of this study is to assess whether asciminib 40 mg once daily (QD) + imatinib 400 mg QD or asciminib 60 mg QD + imatinib 400 mg QD is more effective than continued imatinib by testing the MR4.5 rate at 48 weeks.

## Primary Endpoints

Molecular Response (MR)4.5 rate at 48 weeks

## Temporary moments of secondary assessment

Not provided

## Secondary Objective

To estimate efficacy of switch to nilotinib assessed by the MR4.5 rate at 48 weeks.
To estimate difference in efficacy between asciminib 60 mg + imatinib and switch to nilotinib considering the difference in MR4.5 rate at 48 weeks.
To estimate difference in efficacy between asciminib 40 mg + imatinib and switch to nilotinib considering the difference in MR4.5 rate at 48 weeks.
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To assess the pharmacokinetic profile of asciminib 60 mg or 40 mg and imatinib when administered in combination.

## Secondary Endpoints

Molecular Response (MR)4.5 rate at 48 weeks Difference in rate of MR4.5 at 48 weeks
Rate of MR4.5 at 96 weeks Rate of MR4.5 by 48 and 96 weeks Sustained MR4.5 at 96 weeks Time to MR4.5
Incidence and severity of adverse events, changes in laboratory values, clinically notable ECG abnormalities and vital signs
Plasma concentrations of asciminib and imatinib when administered in combination. PK parameters include but are not limited to Cmax, Tmax, Cmin, AUClast and AUCtau

## Temporary moments of secondary assessment

Not provided

## Inclusion criteria

Signed informed consent must be obtained prior to participation in the study. Male or female patients 18 years of age with a confirmed diagnosis of CMLCP. Minimum of one year (12 calendar months) treatment with imatinib first line for CML-CP (patients have to be on imatinib 300 mg QD or higher). BCR-ABL1 levels > 0.01% IS and 1% IS at the time of study entry as confirmed with a central assessment at screening; patients must not have achieved deep molecular response (MR4 IS) at any time during prior imatinib treatment. Patient must meet the following laboratory values before randomization: Absolute Neutrophil Count 1.5 x 109 L Platelets 75 x 109/L Hemoglobin 9 g/dL Serum creatinine (sCr) < 1.5 mg/dL Total bilirubin (TBL) 1.5 x upper limit of normal (ULN) except for patients with Gilberts syndrome who may only be included with total bilirubin 3.0 x ULN Aspartate aminotransaminase (AST) 3.0 x ULN Alanine aminotransaminase (ALT) 3.0 x ULN Alkaline phosphatase (ALP) 2.5 x ULN Serum lipase 1.5 x ULN. For serum lipase > ULN - 1.5 x ULN, value must be considered not clinically significant and not associated with risk factors for acute pancreatitis Patients must have the following laboratory values ( lower limit of normal (LLN)) or corrected to within normal limits with supplements prior to randomization: Potassium (potassium increase of up to 6.0 mmol/L is acceptable if associated with creatinine clearance* within normal limits) Total calcium (corrected for serum albumin); (calcium increase of up to 12.5 mg/dl or 3.1 mmol/L is acceptable if associated with creatinine clearance* within normal limits) Magnesium (magnesium increase up to 3.0 mg/dL or 1.23 mmol/L if associated with creatinine clearance* within normal limits. *Creatinine clearance as calculated using Cockcroft-Gault formula

## Exclusion criteria

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History of other active malignancy within 3 years prior to randomization with the exception of basal cell skin cancer, indolent prostate cancer and carcinoma in situ treated curatively.

# Calendar

(Last Update: 09/04/2025)

| Authorization | Start of Trial | First patient inclusion | Halted | Restarted |
|---|---|---|---|---|
| 21/09/2018 | 16/10/2018 | 09/01/2019 | Not aported | Not aported |

| End of recruitment | Premature end (Spain) | Premature End (Global) | Trial end (Spain) | Trial end (Global) |
|---|---|---|---|---|
| 07/02/2024 | Not aported | Not aported | 26/02/2025 | 27/02/2025 |

# 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 Provincial de Sevilla

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**administracion.eecc.hvm.sspa@juntadeandalucia.es**

**955043127**

# Sites

Closed (26/02/2025)

**HOSPITAL RAMÓN Y CAJAL**

Madrid

MADRID

Closed (26/02/2025)

**HOSPITAL UNIVERSITARI I POLITÈCNIC LA FE**

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Closed (20/08/2020)

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**Institut Catala D'oncologia**

Badalona

BARCELONA

# Medication

### Scemblix 20 mg film-coated tablets
FILM-COATED TABLET
ORAL USE

ATC code: L01EA06 - ASCIMINIB
Active Principles: N/A
Orphan Experimental

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CAPSULE, HARD
ORAL USE

-
Active Principles: N/A
Orphan Experimental

### NILOTINIB
CAPSULE, HARD
ORAL USE

-
Active Principles: N/A
Orphan Experimental

### IMATINIB
FILM-COATED TABLET
ORAL USE

-
Active Principles: N/A
Experimental

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ORAL USE

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Active Principles: N/A
Orphan Experimental

**IMATINIB**

**FILM-COATED TABLET**

**ORAL USE**

-

**Active Principles: N/A**

**Experimental**

# Has results