Study to evaluate the effectiveness of a combination of 3 treatments, followed by transplantation of their own blood cell progenitor cells for patients under 70 years of age with asymptomatic multiple myeloma at high risk of developing into symptomatic myeloma

Estado	**Tipo de Participantes**	**Rangos de Edad**
Fin Reclutamiento	No aportado	Mayores de 64 , Adultos (18-64 años)
Género	**Fases**	**Participantes esperados**
Ambos	Fase II	90
Resultados	**Bajo nivel intervención**	**Enfermedad rara**
Sin resultados	No	No
Cobertura geográfica	**Ámbitos del ensayo**	**Terapia avanzada**
Multicéntrico nacional	eficacia	NO

Información

Identificador
2024-516908-42-00 (CTIS)

Cod. Protocolo
No aportado

Transicionado 2014-002948-40

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

Enfermedad investigada
Smoldering multiple myeloma with high risk of progression to symptomatic myeloma

Título Científico
A phase II multicenter study of carfilzomib, lenalidomide and dexamethasone (KRd) as induction therapy, followed by high-dose therapy with melphalan and autologous peripheral blood stem cell transplantation, consolidation with KRd,

and maintenance with lenalidomide and dexamethasone in patients 70 years old with smoldering multiple myeloma (SMM) with high risk of progression to symptomatic myeloma

Justificación

No aportado

Objetivo Principal

Evaluate the rate of patients in immunophenotypic response [i.e., complete response (CR) with minimal residual disease (MRD)-negative status using multiparametric flow cytometry (MFC) on day +100 after high-dose therapy followed by peripheral blood stem cell transplantation (HDT-ASCT or High-dose therapy / autologous stem cell transplant

Variables de Evaluación Primaria

Immunophenotypic complete remission (CR by flow cytometry) day +100 after induction treatment and HDT-ASCT.

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

Evaluate the rate of patients in immunophenotypic response (i.e., CR with MRD-negative status, by mutliparametric flow cytometry) after consolidation and at 3 and 5 years post-transplant
Evaluate efficacy in terms of response: sCR, CR, VGPR and PR after the different phases of treatment: induction, transplantation, consolidation, and maintenance.
Evaluate TTP to symptomatic disease.
Evaluate PFS.
Evaluate OS.
Evaluate the safety profile during the different phases of the study: induction, high-dose melphalan followed by autologous transplantation, consolidation, and maintenance.

Variables de Evaluación Secundaria

Immunophenotypic complete remission (CR by flow cytometry), after consolidation and maintenance, and at 3 and 5 years post-HDT-ASCT.
Response rates (sCR, CR, VGPR and ORR) after the different phases of treatment (induction, HDT-ASCT, consolidation, maintenance and rescue therapy).
TTP to symptomatic disease, PFS and OS.
Safety profile after the different phases of treatment: induction, high-dose melphalan treatment and autologous hematopoietic stem cell transplantation, consolidation, maintenance and rescue therapy.

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

The patient must, in the investigators opinion, be able to fulfill all of the clinical trial requirements. The patient must voluntarily sign the informed consent document before any study procedures that are not part of standard clinical care are carried out. The patient must be made aware that they can withdraw from the study at any time without this affecting their future medical care. The patient must be aged between 18 and 70 years, and eligible to receive high-dose therapy and autologous peripheral blood stem cell transplant. The patient must have been diagnosed with SMM with high risk of progression to symptomatic MM, or ultra-high risk of progression to symptomatic disease in the five years prior to inclusion in the study. It should be emphasized that we are referring to a diagnosis of high-risk SMM during this time period, not to monoclonal gammopathy, or intermediate or low-risk smoldering myeloma. In other words: o SMM with high risk of progression to symptomatic disease: 1. 10% BM clonal PC and presence of a monoclonal protein, IgG >3 g/dl or IgA >2 g/dl or Bence Jones proteinuria of >1 g/24h and absence of lytic lesions, hypercalcemia, renal failure (creatinine < 2 mg/dl) and anemia (hemoglobin > 10 g/dl, or not 2 g/dl below the lower limit of normal.) 2. 10% BM clonal PC or IgG >3 g/dl or IgA >2 g/dl, or Bence Jones proteinuria > 1 g/24 h (but not both at the same time), always in the absence of lytic lesions, hypercalcemia, renal failure and anemia. These patients can be included in the study if they fulfill the following additional criteria: - Presence of a percentage of phenotypically abnormal PC in the in plasma cell compartment of the BM (aPC/PC) 95% and immunoparesis, defined as a reduction in the concentration of 1 or 2 immunoglobulins (Igs) by more the 25%, compared with the normal values of the corresponding Ig. o SMM with ultra-high risk of progression to symptomatic disease: 1. Appearance of more than 1 focal lesion on MRI (ideally whole-body MRI) 2. Clonal PC in BM 60%. 3. Ratio of involved /uninvolved sFLC greater than 100 together with involved free light chain levels great than 100 mg/L. The patient must present an ECOG performance status of < 2. The patient must be able to attend scheduled visits. Women with gestational capacity must have a negative pregnancy test (serum or urine) which will be taken in the 14 days prior to initiation of treatment with the study drug. Sexually active women must also agree to use two methods of contraception [hormonal contraceptives (oral, injectable, or implants)], tubal ligation, intrauterine device, barrier methods with spermicide, or her partner has had a vasectomy) while receiving the study drug. Women with gestational capacity must agree to have a pregnancy test every 4 weeks (urine or serum) while receiving the study drug (or every 14 days if they have irregular menstrual cycles), and 4 weeks after receiving the last dose of the study drug.

Criterios de Exclusión

Any physical or mental health condition that prevents the patient from signing or understanding the informed consent document. The patient has experienced unstable angina or myocardial infarction in the 6 months prior to recruitment, class III or IV cardiac failure (according to the New York Heart Association criteria) uncontrolled angina, a history of acute coronary artery syndrome, uncontrolled ventricular arrhythmias, sick sinus syndrome or electrocardiographic evidence of acute ischemia or grade 3 conduction system abnormalities, unless the patient has a pacemaker. Uncontrolled hypertension or diabetes. Significant neuropathy (grades 3-4, or grade 2 with pain), in the 14 days prior to recruitment. Known history of allergies to captisol (a derivative of cyclodextrin that is used to dissolve carfilzomib). The patient presents a contraindication that prevents the administration of the concomitant or adjunctive treatments, including hydration intolerance due to pre-existing pulmonary or cardiac impairment. LVEF < 40 Pulmonary hypertension. Presence of an acute active infection that requires treatment (systemic antibiotics, antivirals, or antifungal agents), in the 14 days prior to recruitment. The patient has received prior treatment for SMM. The patient is pregnant or breastfeeding. The patient has lytic lesions, anemia, renal failure or hypercalcemia. Any of the following abnormal laboratory values: o Absolute neutrophil count (ANC) < 1,000/mm3. o Platelet count < 75,000/mm3. o Serum GOT or GPT > 3 times the upper limit of normal. o Total serum bilirubin > 2 times the upper limit of normal. History of neoplasms other than multiple myeloma (except in the case of basal cell skin cancers,

squamous cell cancers or carcinoma in situ of the cervix or breast unless the patient has been disease-free for >5 years. The patient has undergone major surgery in the 4 weeks prior to inclusion in the study. The patient has active HIV, hepatitis B or hepatitis C infection. The patient has received an investigational drug of any type in the 4 weeks prior to inclusion in the study.

Calendario

(Última actualización: 23/10/2024)

Autorización	Inicio de Ensayo	Inclusión Primer Paciente	Interrumpido	Reiniciado
03/03/2015	15/06/2015	No aportado	No aportado	No aportado

Fin de reclutamiento	Fin prematuro (España)	Fin prematuro (Global)	Fin del ensayo en España	Fin del ensayo global
25/07/2017	No aportado	No aportado	No aportado	No aportado

Promotor

Fundacion PETHEMA Spain

Oficinas 3 4 5Calle De Santa Balbina 2

Contact Person

Juan José Lahuerta

916266232

gerencia@fundacionpethema.es

Monetary support: N/A

Tipo de promotor: Comercial

Ceim

CEIm Hospital Universitari Germans Trias i Pujol

Ctra. Canyet, s/n Edificio General - 1a planta / Módulos urgencias - 1a planta 08916 Badalona

ceic.germanstrias@gencat.cat

934978956

Centros

Activo (25/06/2015)

CLINICA UNIVERSIDAD DE NAVARRA

PAMPLONA/IRUÑA

NAVARRA

Servicio de Hematología

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

Clinica Universidad De Navarra

Madrid

MADRID

Hematology

Activo (18/06/0015)

COMPLEJO HOSPITALARIO REGIONAL REINA SOFÍA

CÓRDOBA

CÓRDOBA

Servicio de Hematología

Activo (02/07/0015)

COMPLEJO HOSPITALARIO REGIONAL VIRGEN DEL ROCÍO

SEVILLA

SEVILLA

Servicio de Hematología

Activo (18/12/0015)

COMPLEJO HOSPITALARIO UNIVERSITARIO DE CANARIAS

SAN CRISTÓBAL DE LA LAGUNA

Servicio de Hematología

No iniciado (28/01/2016)

COMPLEXO HOSPITALARIO UNIVERSITARIO DE SANTIAGO

Santiago de Compostela

CORUÑA

Servicio de Hematología

Activo (28/07/0015)

HOSPITAL CLÍNIC I PROVINCIAL DE BARCELONA

BARCELONA

BARCELONA

Servicio de Hematología

Activo (18/05/0016)

HOSPITAL CLÍNICO SAN CARLOS

MADRID

MADRID

Servicio de Hematología

Activo (10/03/0016)

HOSPITAL CLÍNICO UNIVERSITARIO DE VALENCIA

VALENCIA

VALENCIA

Servicio de Hematología

Activo (08/02/0016)

HOSPITAL CLÍNICO UNIVERSITARIO LOZANO BLESA

ZARAGOZA

ZARAGOZA

Servicio de Hematología

Cerrado (11/01/0018)

HOSPITAL GENERAL DE SEGOVIA

SEGOVIA

SEGOVIA

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

Hospital General De Segovia

Segovia

SEGOVIA

Hematology

Activo (14/04/0016)

HOSPITAL GENERAL UNIVERSITARIO J.M. MORALES MESEGUER

MURCIA

MURCIA

Servicio de Oncología

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

Hospital General Universitario Morales Meseguer

Murcia

MURCIA

Hematology

Activo (21/12/0015)

HOSPITAL RAMÓN Y CAJAL

MADRID

MADRID

Servicio de Hematología

Activo (21/01/0016)

HOSPITAL SON LLATZER (*)

PALMA DE MALLORCA

Servicio de Hematología

Activo (29/06/0015)

HOSPITAL UNIVERSITARI GERMANS TRIAS I PUJOL DE BADALONA

BADALONA

BARCELONA

Servicio de Hematología

Activo (18/02/0016)

HOSPITAL UNIVERSITARIO CENTRAL DE ASTURIAS

OVIEDO

ASTURIAS

Servicio de Hematología

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

Hospital Universitario De Canarias

San Cristobal De La Laguna

STA. CRUZ DE TENERIFE

Hematology

Activo (28/05/0015)

HOSPITAL UNIVERSITARIO DE SALAMANCA

SALAMANCA

SALAMANCA

Servicio de Hematología

Activo (25/01/0016)

HOSPITAL UNIVERSITARIO DOCTOR PESET

VALENCIA

VALENCIA

Servicio de Hematología

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

Hospital Universitario Dr Peset Aleixandre

Valencia

VALENCIA

Hematology

No iniciado (28/01/2016)

HOSPITAL UNIVERSITARIO QUIRONSALUD MADRID

Pozuelo de Alarcón

MADRID

Servicio de Hematología

No iniciado (19/02/2016)

HOSPITAL UNIVERSITARIO VIRGEN DE LA NIEVES

Granada

GRANADA

Servicio de Hematología

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

Hospital Universitario Virgen De Las Nieves

Granada

GRANADA

Hematology

Activo (12/06/0015)

HOSPITAL UNIVERSITARIO 12 DE OCTUBRE

MADRID

MADRID

Servicio de Hematología

Medicamentos

DEXAMETHASONE
TABLET
ORAL

-
Principios Activos: N/A

Experimental

DARATUMUMAB
INJECTION
SUBCUTANEOUS

-
Principios Activos: N/A

Experimental

Imnovid 2 mg hard capsules
CAPSULE, HARD
ORAL

Código ATC: L04AX06 - POMALIDOMIDA
Principios Activos: N/A

Experimental

Imnovid 1 mg hard capsules
CAPSULE, HARD
ORAL

Código ATC: L04AX06 - POMALIDOMIDA
Principios Activos: N/A

Experimental

Imnovid 3 mg hard capsules
CAPSULE, HARD
ORAL

Código ATC: L04AX06 - POMALIDOMIDA
Principios Activos: N/A

Experimental

Imnovid 4 mg hard capsules
CAPSULE, HARD
ORAL

Código ATC: L04AX06 - POMALIDOMIDA
Principios Activos: N/A

Experimental

Sin resultados

Study to evaluate the effectiveness of a combination of 3 treatments, followed by transplantation of their own blood cell progenitor cells for patients under 70 years of age with asymptomatic multiple myeloma at high risk of developing into symptomatic myeloma

State	Type of participants	Age Ranges
End of recruitment	Not provided	Older than 64 , Adults (18-64 years)
Gender	**Phases**	**Expected Participants**
Both	Phase II	90
Results	**Low level of intervention**	**Rare disease**
No results	No	No
Geographic coverage	**Areas of the study**	**Advanced therapy**
National multicenter	effectiveness	NO

Information

Identifier
2024-516908-42-00 (CTIS)

Protocol Code
No aportado

Transitioned 2014-002948-40

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

Investigated Disease
Smoldering multiple myeloma with high risk of progression to symptomatic myeloma

Scientific Title
A phase II multicenter study of carfilzomib, lenalidomide and dexamethasone (KRd) as induction therapy, followed by high-dose therapy with melphalan and autologous peripheral blood stem cell transplantation, consolidation with KRd,

and maintenance with lenalidomide and dexamethasone in patients 70 years old with smoldering multiple myeloma (SMM) with high risk of progression to symptomatic myeloma

Rationale

Not provided

Main Objective

Evaluate the rate of patients in immunophenotypic response [i.e., complete response (CR) with minimal residual disease (MRD)-negative status using multiparametric flow cytometry (MFC) on day +100 after high-dose therapy followed by peripheral blood stem cell transplantation (HDT-ASCT or High-dose therapy / autologous stem cell transplant

Primary Endpoints

Immunophenotypic complete remission (CR by flow cytometry) day +100 after induction treatment and HDT-ASCT.

Temporary moments of secondary assessment

Not provided

Secondary Objective

Evaluate the rate of patients in immunophenotypic response (i.e., CR with MRD-negative status, by mutliparametric flow cytometry) after consolidation and at 3 and 5 years post-transplant
Evaluate efficacy in terms of response: sCR, CR, VGPR and PR after the different phases of treatment: induction, transplantation, consolidation, and maintenance.
Evaluate TTP to symptomatic disease.
Evaluate PFS.
Evaluate OS.
Evaluate the safety profile during the different phases of the study: induction, high-dose melphalan followed by autologous transplantation, consolidation, and maintenance.

Secondary Endpoints

Immunophenotypic complete remission (CR by flow cytometry), after consolidation and maintenance, and at 3 and 5 years post-HDT-ASCT.
Response rates (sCR, CR, VGPR and ORR) after the different phases of treatment (induction, HDT-ASCT, consolidation, maintenance and rescue therapy).
TTP to symptomatic disease, PFS and OS.
Safety profile after the different phases of treatment: induction, high-dose melphalan treatment and autologous hematopoietic stem cell transplantation, consolidation, maintenance and rescue therapy.

Temporary moments of secondary assessment

Not provided

Inclusion criteria

The patient must, in the investigators opinion, be able to fulfill all of the clinical trial requirements. The patient must voluntarily sign the informed consent document before any study procedures that are not part of standard clinical care are carried out. The patient must be made aware that they can withdraw from the study at any time without this affecting their future medical care. The patient must be aged between 18 and 70 years, and eligible to receive high-dose therapy and autologous peripheral blood stem cell transplant. The patient must have been diagnosed with SMM with high risk of progression to symptomatic MM, or ultra-high risk of progression to symptomatic disease in the five years prior to inclusion in the study. It should be emphasized that we are referring to a diagnosis of high-risk SMM during this time period, not to monoclonal gammopathy, or intermediate or low-risk smoldering myeloma. In other words: o SMM with high risk of progression to symptomatic disease: 1. 10% BM clonal PC and presence of a monoclonal protein, IgG >3 g/dl or IgA >2 g/dl or Bence Jones proteinuria of >1 g/24h and absence of lytic lesions, hypercalcemia, renal failure (creatinine < 2 mg/dl) and anemia (hemoglobin > 10 g/dl, or not 2 g/dl below the lower limit of normal.) 2. 10% BM clonal PC or IgG >3 g/dl or IgA >2 g/dl, or Bence Jones proteinuria > 1 g/24 h (but not both at the same time), always in the absence of lytic lesions, hypercalcemia, renal failure and anemia. These patients can be included in the study if they fulfill the following additional criteria: - Presence of a percentage of phenotypically abnormal PC in the in plasma cell compartment of the BM (aPC/PC) 95% and immunoparesis, defined as a reduction in the concentration of 1 or 2 immunoglobulins (Igs) by more the 25%, compared with the normal values of the corresponding Ig. o SMM with ultra-high risk of progression to symptomatic disease: 1. Appearance of more than 1 focal lesion on MRI (ideally whole-body MRI) 2. Clonal PC in BM 60%. 3. Ratio of involved /uninvolved sFLC greater than 100 together with involved free light chain levels great than 100 mg/L. The patient must present an ECOG performance status of < 2. The patient must be able to attend scheduled visits. Women with gestational capacity must have a negative pregnancy test (serum or urine) which will be taken in the 14 days prior to initiation of treatment with the study drug. Sexually active women must also agree to use two methods of contraception [hormonal contraceptives (oral, injectable, or implants)], tubal ligation, intrauterine device, barrier methods with spermicide, or her partner has had a vasectomy) while receiving the study drug. Women with gestational capacity must agree to have a pregnancy test every 4 weeks (urine or serum) while receiving the study drug (or every 14 days if they have irregular menstrual cycles), and 4 weeks after receiving the last dose of the study drug.

Exclusion criteria

Any physical or mental health condition that prevents the patient from signing or understanding the informed consent document. The patient has experienced unstable angina or myocardial infarction in the 6 months prior to recruitment, class III or IV cardiac failure (according to the New York Heart Association criteria) uncontrolled angina, a history of acute coronary artery syndrome, uncontrolled ventricular arrhythmias, sick sinus syndrome or electrocardiographic evidence of acute ischemia or grade 3 conduction system abnormalities, unless the patient has a pacemaker. Uncontrolled hypertension or diabetes. Significant neuropathy (grades 3-4, or grade 2 with pain), in the 14 days prior to recruitment. Known history of allergies to captisol (a derivative of cyclodextrin that is used to dissolve carfilzomib). The patient presents a contraindication that prevents the administration of the concomitant or adjunctive treatments, including hydration intolerance due to pre-existing pulmonary or cardiac impairment. LVEF < 40 Pulmonary hypertension. Presence of an acute active infection that requires treatment (systemic antibiotics, antivirals, or antifungal agents), in the 14 days prior to recruitment. The patient has received prior treatment for SMM. The patient is pregnant or breastfeeding. The patient has lytic lesions, anemia, renal failure or hypercalcemia. Any of the following abnormal laboratory values: o Absolute neutrophil count (ANC) < 1,000/mm3. o Platelet count < 75,000/mm3. o Serum GOT or GPT > 3 times the upper limit of normal. o Total serum bilirubin > 2 times the upper limit of normal. History of neoplasms other than multiple myeloma (except in the case of basal cell skin cancers,

squamous cell cancers or carcinoma in situ of the cervix or breast unless the patient has been disease-free for >5 years. The patient has undergone major surgery in the 4 weeks prior to inclusion in the study. The patient has active HIV, hepatitis B or hepatitis C infection. The patient has received an investigational drug of any type in the 4 weeks prior to inclusion in the study.

Calendar

(Last Update: 23/10/2024)

Authorization	Start of Trial	First patient inclusion	Halted	Restarted
03/03/2015	15/06/2015	Not aported	Not aported	Not aported

End of recruitment	Premature end (Spain)	Premature End (Global)	Trial end (Spain)	Trial end (Global)
25/07/2017	Not aported	Not aported	Not aported	Not aported

Sponsor

Fundacion PETHEMA Spain

Oficinas 3 4 5Calle De Santa Balbina 2

Contact Person

Juan José Lahuerta

916266232

gerencia@fundacionpethema.es

Monetary support: N/A

Sponsor type: Commercial

Ceim

CEIm Hospital Universitari Germans Trias i Pujol

Ctra. Canyet, s/n Edificio General - 1a planta / Módulos urgencias - 1a planta 08916 Badalona

ceic.germanstrias@gencat.cat

934978956

Sites

Active (25/06/2015)

CLINICA UNIVERSIDAD DE NAVARRA

PAMPLONA/IRUÑA

NAVARRA

Servicio de Hematología

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

Clinica Universidad De Navarra

Madrid

MADRID

Hematology

Active (18/06/0015)

COMPLEJO HOSPITALARIO REGIONAL REINA SOFÍA

CÓRDOBA

CÓRDOBA

Servicio de Hematología

Active (02/07/0015)

COMPLEJO HOSPITALARIO REGIONAL VIRGEN DEL ROCÍO

SEVILLA

SEVILLA

Servicio de Hematología

Active (18/12/0015)

COMPLEJO HOSPITALARIO UNIVERSITARIO DE CANARIAS

SAN CRISTÓBAL DE LA LAGUNA

Servicio de Hematología

not initialized (28/01/2016)

COMPLEXO HOSPITALARIO UNIVERSITARIO DE SANTIAGO

Santiago de Compostela

CORUÑA

Servicio de Hematología

Active (28/07/0015)

HOSPITAL CLÍNIC I PROVINCIAL DE BARCELONA

BARCELONA

BARCELONA

Servicio de Hematología

Active (18/05/0016)

HOSPITAL CLÍNICO SAN CARLOS

MADRID

MADRID

Servicio de Hematología

Active (10/03/0016)

HOSPITAL CLÍNICO UNIVERSITARIO DE VALENCIA

VALENCIA

VALENCIA

Servicio de Hematología

Active (08/02/0016)

HOSPITAL CLÍNICO UNIVERSITARIO LOZANO BLESA

ZARAGOZA

ZARAGOZA

Servicio de Hematología

Closed (11/01/0018)

HOSPITAL GENERAL DE SEGOVIA

SEGOVIA

SEGOVIA

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

Hospital General De Segovia

Segovia

SEGOVIA

Hematology

Active (14/04/0016)

HOSPITAL GENERAL UNIVERSITARIO J.M. MORALES MESEGUER

MURCIA

MURCIA

Servicio de Oncología

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

Hospital General Universitario Morales Meseguer

Murcia

MURCIA

Hematology

Active (21/12/0015)

HOSPITAL RAMÓN Y CAJAL

MADRID

MADRID

Servicio de Hematología

Active (21/01/0016)

HOSPITAL SON LLATZER (*)

PALMA DE MALLORCA

Servicio de Hematología

Active (29/06/0015)

HOSPITAL UNIVERSITARI GERMANS TRIAS I PUJOL DE BADALONA

BADALONA

BARCELONA

Servicio de Hematología

Active (18/02/0016)

HOSPITAL UNIVERSITARIO CENTRAL DE ASTURIAS

OVIEDO

ASTURIAS

Servicio de Hematología

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

Hospital Universitario De Canarias

San Cristobal De La Laguna

STA. CRUZ DE TENERIFE

Hematology

Active (28/05/0015)

HOSPITAL UNIVERSITARIO DE SALAMANCA

SALAMANCA

SALAMANCA

Servicio de Hematología

Active (25/01/0016)

HOSPITAL UNIVERSITARIO DOCTOR PESET

VALENCIA

VALENCIA

Servicio de Hematología

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

Hospital Universitario Dr Peset Aleixandre

Valencia

VALENCIA

Hematology

not initialized (28/01/2016)

HOSPITAL UNIVERSITARIO QUIRONSALUD MADRID

Pozuelo de Alarcón

MADRID

Servicio de Hematología

not initialized (19/02/2016)

HOSPITAL UNIVERSITARIO VIRGEN DE LA NIEVES

Granada

GRANADA

Servicio de Hematología

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

Hospital Universitario Virgen De Las Nieves

Granada

GRANADA

Hematology

Active (12/06/0015)

HOSPITAL UNIVERSITARIO 12 DE OCTUBRE

MADRID

MADRID

Servicio de Hematología

Medication

DEXAMETHASONE
TABLET
ORAL

-

Active Principles: N/A

Experimental

DARATUMUMAB
INJECTION
SUBCUTANEOUS

-

Active Principles: N/A

Experimental

Imnovid 2 mg hard capsules
CAPSULE, HARD
ORAL

ATC code: L04AX06 - POMALIDOMIDA

Active Principles: N/A

Experimental

Imnovid 1 mg hard capsules
CAPSULE, HARD
ORAL

ATC code: L04AX06 - POMALIDOMIDA

Active Principles: N/A

Experimental

Imnovid 3 mg hard capsules
CAPSULE, HARD
ORAL

ATC code: L04AX06 - POMALIDOMIDA

Active Principles: N/A

Experimental

Imnovid 4 mg hard capsules
CAPSULE, HARD
ORAL

ATC code: L04AX06 - POMALIDOMIDA

Active Principles: N/A

Experimental

No results