A Phase 2, open-label study to evaluate the efficacy and safety of anitocabtagene autoleucel in participants with newly diagnosed multiple myeloma

Estado	**Tipo de Participantes**	**Rangos de Edad**
Reclutando	No aportado	Mayores de 64 , Adultos (18-64 años)
Género	**Fases**	**Participantes esperados**
Ambos	Fase II	30
Resultados	**Bajo nivel intervención**	**Enfermedad rara**
Sin resultados	No	No
Cobertura geográfica	**Ámbitos del ensayo**	**Terapia avanzada**
Sin determinar	tratamiento, seguridad, farmacocinética	Terapia génica

Información

Identificador
2024-517020-18-00 (CTIS)

Cod. Protocolo
GEM-AnitoFIRST

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

Enfermedad investigada
Newly diagnosed multiple myeloma according to IMWG criteria

Título Científico
A Phase 2, open-label, multicenter multi-cohort study to evaluate the efficacy and safety of anitocabtagene autoleucel in participants with newly diagnosed multiple myeloma

Justificación

No aportado

Objetivo Principal

To characterize the safety of anitocabtagene autoleucel following induction therapy in participants with newly diagnosed multiple myeloma
To further characterize the efficacy profile of anitocabtagene autoleucel following induction therapy in participants with newly diagnosed multiple myeloma

Variables de Evaluación Primaria

Incidence, seriousness, and severity of all AEs
uMRD negative CR rate (minimum 105) at 12 months (+/- 3 months) after enrollment

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

To further characterize the efficacy profile of anitocabtagene autoleucel following induction therapy in participants with newly diagnosed multiple myeloma

Variables de Evaluación Secundaria

uMRD negative CR rate (minimum 105) at 2, 6, 12, 18 and 24 months after CAR T infusion and sustained uMRD annually
CR rate (CR (sCR), as assessed by investigators according to the International Myeloma Working Group (IMWG) criteria
Overall MRD negativity (minimum 105)
MRD-negative CR at any timepoint scheduled
Rate of conversion from undetectable to detectable MRD as well as biochemical progression rate
Time to biochemical progression (including the conversion from undetectable to detectable MRD).
undetectable MRD at 10-6
ORR per IMWG criteria
DoR
VGPR and PR rate per IMWG criteria
Time to initial response
PFS
Overall rate of imaging plus MRD negative (using PET/CT per IMWG)
Mass spectrometry MRD
Expansion and persistence of anitocabtagene autoleucel in peripheral blood

Characterize baseline tumor burden impact on efficacy, safety and cell expansion
Assess relationship of MRD-negativity to response, progression, and survival
Explore efficacy in high-risk populations (EMD, high-risk cytogenetics, ISS stage III, etc)
Characterize baseline soluble BCMA (sBCMA) and impact of Isa-VRd induction prior to anitocabtagene autoleucel and relationship to efficacy and safety
Characterize drug product attributes and relationship to efficacy and safety
Immunoprofiling by MFC in bone marrow and peripheral blood including identification and characterization of anitocabtagene autoleucel by MFC.
Overall survival

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

Newly diagnosed Multiple Myeloma according to the IMWG criteria published in 2014. a) For cohort A, patients will 70 years of age. b) For the cohorts B and C, patients will be 80 years of age Measurable disease at screening per IMWG, defined as any of the following: a) Serum M-protein level 1 g/dL or urine M-protein level 200 mg/24 hours; or b) Light chain MM without measurable disease in the serum or urine: serum free light chain 10 mg/dL and abnormal serum free light chain ratio. Note: Local laboratory results may be used to establish measurable disease at screening if the results are 125% of requirements. Only participants who are candidates to receive either D-VRd or Isa-VRd induction regimens, as determined by the investigator, should be considered for this study. Male or female aged 18 years or older and has capacity to give informed consent. Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1. Adequate hematological function defined as the following: Hemoglobin count 7.5 g/dL (without any red blood cell [RBC] transfusion within 7 days prior to the test result; use of recombinant human erythropoietin is permitted). Absolute neutrophil count (ANC) 500/L (without non-PEGylated myeloid growth factor support within 7 days or PEGylated myeloid growth factor support within 14 days prior to the test result). Platelet count 75,000/L (unless secondary to bone marrow or spleen involvement of MM, in which platelet count 50,000/L is permitted) without any platelet cell transfusion within 7 days prior to the test result. Bone marrow involvement by MM is demonstrated by bone marrow aspiration or biopsy. Spleen involvement by MM is demonstrated by splenomegaly. Absolute lymphocyte count (ALC) 100/L. PTT/PT/INR < 1.5x upper limit of normal (ULN), unless on a stable dose of anticoagulant for a thromboembolic even (subjects with a history of thromboembolic stroke or history of Grade 2 or greater hemorrhage within 1 year are excluded. Adequate renal, hepatic, pulmonary, and cardiac function defined as the following: Estimated glomerular filtration rate (eGFR) (as estimated by Chronic Kidney Disease Epidemiology Collaboration [CKD-EPI] equation [Section 12.14]) 45 mL/min. Serum alanine aminotransferase (ALT) and aspartate aminotransferase (AST) 3 ULN. Total bilirubin 1.5 mg/dL, except in participants with Gilberts syndrome or documented MM liver or pancreatic involvement where 3 ULN is permitted. Cardiac ejection fraction 45% with no evidence of clinically significant pericardial effusion as determined by echocardiogram (ECHO). Multigated acquisition (MUGA) scan may be used if an ECHO is not available at the site. No evidence of Grade 2 or higher (per National Cancer Institute [NCI] Common Terminology Criteria for Adverse Events [CTCAE] version [v]5.0) pleural effusion or ascites (participants with Grade 1 pleural effusion or ascites are eligible). Baseline oxygen saturation >92% on room air. Females of childbearing potential must have a medically supervised negative serum or urine pregnancy test with a sensitivity of at least 25 mIU/mL (females who have undergone surgical sterilization or who have been postmenopausal for at least 2 years are not considered to be of childbearing potential Willing to comply with and able to tolerate study procedures, including consent to participate in separate Long-term Safety Follow-up lasting up to 15 years per authorities´ guidance.

Criterios de Exclusión

Active or prior history of central nervous system (CNS) or meningeal involvement of MM. Human immunodeficiency virus (HIV)-seropositive. Participants with history or presence of chronic obstructive pulmonary disease (COPD) with a forced expiratory volume in 1 second (FEV1) < 50% of predicted normal will not be permitted to receive anti-CD38 monoclonal antibody in combination with VRd therapy; Note: FEV1 testing is required for participants who are planned History of myocardial infarction, cardiac angioplasty or stenting, unstable angina, or other clinically significant cardiac disease within 6 months before enrollment. a. History or presence of intracranial or CNS disorder, such as hemorrhage, dementia, altered mental status, cerebellar disease, or any autoimmune disease with CNS involvement, PRES, or cerebral edema with confirmed structural defects by appropriate imaging. History of stroke or transient ischemic attack within 12 months before enrollment, or seizure disorders requiring active anticonvulsive medication. Patient with history of neurodegenerative disease (e.g., Parkinsons or Alzheimers disease) must be excluded. Peripheral neuropathy of Grade 3 or higher (per CTCAE v5.0; participants with Grade 2 peripheral neuropathy are eligible). History of solitary plasmacytoma History of autoimmune disease (e.g., Crohns disease, rheumatoid arthritis, systemic lupus) resulting in or requiring systemic immunosuppression or systemic disease-modifying agents within 2 years. History of concomitant genetic syndrome associated with bone marrow failure, such as Fanconi anemia, Kostmann syndrome, or Shwachman-Diamond syndrome. History of DVT or PE within 6 months before enrollment. Anticoagulants (e.g., warfarin, low-molecular weight heparin, Factor Xa inhibitors) are allowed if DVT/PE occurred > 6 months before enrollment, and if the participant is on a stable maintenance dose. Presence of any indwelling line or drain (e.g., percutaneous nephrostomy tube, indwelling Foley catheter, biliary drain, G/J-tube, or pleural/peritoneal/pericardial catheter). Dedicated central venous access catheters such as Port-a-Cath or Hickman catheter are permitted. Major surgery within 28 days before enrollment, or planned surgery required during study participation. Cardiac atrial or cardiac ventricular MM involvement. Any medical, neurologic or psychiatric condition that in the investigators opinion is likely to interfere with study procedures including assessment of safety or efficacy of the study treatment. Females who are pregnant or breastfeeding (due to the potentially dangerous effects of the lymphodepleting chemotherapy or induction regimen on the fetus or infant). Participants of both sexes who are not willing to practice highly effective birth control from the time of consent through 12 months following lymphodepleting chemotherapy administration, 12 months after the completion of anitocabtagene autoleucel, 5 months after the last dose of isatuximab, 3 months after the last dose of daratumumab, bortezomib, or 28 days after the last dose of lenalidomide, whichever is longer (refer to Section 12.2). Females who have undergone surgical sterilization or who have been postmenopausal for at least 2 years are not considered to be of childbearing potential. Participants of both sexes must also comply with any relevant REMS or aRMMs as part of an RMP. As per the investigators judgment, the participant is unlikely to complete all protocol-required study visits or procedures, including follow-up visits, or comply with or tolerate the study requirements for participation (e.g., participants who are at a risk for a thromboembolic event and are not willing to take venous thromboembolism prophylaxis should be excluded). Contraindication to fludarabine or cyclophosphamide. History of allergy or hypersensitivity to any study agent or study drug components. Participants with a history of severe hypersensitivity reaction to dimethyl sulfoxide (DMSO) are excluded. Diagnosis of primary amyloidosis (AL), monoclonal gammopathy of undetermined significance (MGUS), smoldering multiple myeloma (SMM), plasma cell leukemia (PCL), active POEMS syndrome (polyneuropathy, organomegaly, endocrinopathy, monoclonal protein, and skin changes) or Waldenstroms macroglobulinemia at the time of screening. Active malignancy (other than MM) requiring ongoing treatment for disease control within the last 24 months. Myelodysplastic syndrome (even without ongoing treatment) is not permitted. Allowed malignancy exceptions are: a) Localized skin cancer (melanoma and nonmelanoma) that has been completely resected and considered curative within the last 24 months is eligible. b) Cervix carcinoma in situ that has been completely resected and considered curative within the last 24 months is eligible. c) Bladder carcinoma in situ that has been completely resected and considered curative within the last 24 months is eligible. d) Breast carcinoma in situ that has been completely resected and considered curative within the last 24 months is eligible. Hormonal therapy after curative-intent treatment is permitted. e) Prostate cancer that is low grade and localized (Grade Group 1, has not spread to nearby lymph nodes [N0] or metastasized [M0]) within the last 24 months is eligible, including cases under surveillance only as part of standard of care. Androgen deprivation therapy is permitted. f) Localized renal cell carcinoma (Stage 2) that has been completely resected and considered curative within the last 24 months is eligible. g) Localized (Stage 1) colorectal cancer that has been completely resected and considered curative (without need for adjuvant chemotherapy) within the last 24 months is eligible. Any prior systemic anti-myeloma treatment (including BCMA-directed treatment) and/or radiotherapy before enrollment. Palliative radiation and corticosteroids (up to cumulative dose of 160mg prednisone or equivalent, and not requiring ongoing therapy) prior to enrollment are permitted. Participants must have recovered from all radiation-related toxicities. Patients with radiation-induced lung injury (RILI, radiation pneumonitis) during screening are excluded. Prior allogeneic stem cell transplant (allo-SCT) (even if for another malignancy) Live vaccine 4 weeks before

enrollment and/or anticipating needing the vaccine during study period. Presence or suspicion of fungal, bacterial, viral, or other infection that is systemic uncontrolled or requiring IV antimicrobials for management. Simple urinary tract infections and uncomplicated bacterial pharyngitis are permitted if the participant is responding to active treatment and satisfies the criteria of being afebrile (i.e., temperature < 38°C) for at least 24 hours prior to the investigator confirming the participants eligibility. Acute or chronic active hepatitis A, B, or C infection. Participants with a history of hepatitis infection must have cleared their infection as determined by standard serological and genetic testing per current Infectious Diseases Society of America (IDSA) guidelines or applicable country guidelines.

Calendario

(Última actualización: 17/07/2025)

Autorización	Inicio de Ensayo	Inclusión Primer Paciente	Interrumpido	Reiniciado
05/06/2025	30/06/2025	09/07/2025	No aportado	No aportado

Fin de reclutamiento	Fin prematuro (España)	Fin prematuro (Global)	Fin del ensayo en España	Fin del ensayo global
No aportado	No aportado	No aportado	No aportado	No aportado

Promotor

Fundacion PETHEMA Spain

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Contact Person

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Monetary support: N/A

Tipo de promotor: Comercial

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Centros

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

Clinica Universidad De Navarra

Madrid

MADRID

Hematology

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

Clinica Universidad De Navarra

Pamplona

NAVARRA

Hematology

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

Complexo Hospitalario Universitario De Santiago

Santiago De Compostela

CORUÑA

Hematology

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

Hospital Clinic De Barcelona

Barcelona

BARCELONA

Hematology

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

Hospital Germans Trias I Pujol

Badalona

BARCELONA

Hematology

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

Hospital Universitario De Salamanca

Salamanca

SALAMANCA

Hematology

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

Hospital Universitario Marques De Valdecilla

Santander

CANTABRIA

Hematology

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

Hospital Universitario Ramon Y Cajal

Madrid

MADRID

Hematology

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

Hospital Universitario Y Politecnico La Fe

Valencia

VALENCIA

Hematology

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

Hospital Universitario 12 De Octubre

Madrid

MADRID

Hematology

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

University Hospital Virgen Del Rocio S.L.

Sevilla

SEVILLA

Hematology

Medicamentos

ISATUXIMAB
CONCENTRATE FOR SOLUTION FOR INFUSION
INTRAVENOUS

-
Principios Activos: N/A

Experimental

LENALIDOMIDE
CAPSULE
ORAL

-
Principios Activos: N/A

Experimental

LENALIDOMIDE
HARD CAPSULES
ORAL

-
Principios Activos: N/A

Experimental

LENALIDOMIDE
CAPSULE, HARD
ORAL

-
Principios Activos: N/A

Experimental

FLUDARABINE
SOLUTION FOR INJECTION/INFUSION
INTRAVENOUS

-
Principios Activos: N/A

Experimental

Anitocabtagene autoleucel
DISPERSION FOR INFUSION
INTRAVENIOUS INFUSION

-
Principios Activos: N/A

Experimental

DARATUMUMAB
INJECTION
SUBCUTANEOUS

-
Principios Activos: N/A

Experimental

TOCILIZUMAB
CONCENTRATE FOR SOLUTION FOR INFUSION
INTRAVENOUS

-
Principios Activos: N/A

Experimental

DEXAMETHASONE
TABLET
ORAL

-

Principios Activos: N/A

Experimental

CYCLOPHOSPHAMIDE
POWDER FOR SOLUTION FOR INJECTION/INFUSION
INTRAVENOUS

-

Principios Activos: N/A

Experimental

BORTEZOMIB
POWDER FOR SOLUTION FOR INJECTION
SUBCUTANEOUS

-

Principios Activos: N/A

Experimental

Sin resultados

A Phase 2, open-label study to evaluate the efficacy and safety of anitocabtagene autoleucel in participants with newly diagnosed multiple myeloma

State	Type of participants	Age Ranges
Recruiting	Not provided	Older than 64 , Adults (18-64 years)
Gender	**Phases**	**Expected Participants**
Both	Phase II	30
Results	**Low level of intervention**	**Rare disease**
No results	No	No
Geographic coverage	**Areas of the study**	**Advanced therapy**
Undetermined	treatment, safety, pharmacokinetics	Gene therapy

Information

Identifier
2024-517020-18-00 (CTIS)

Protocol Code
GEM-AnitoFIRST

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

Investigated Disease
Newly diagnosed multiple myeloma according to IMWG criteria

Scientific Title
A Phase 2, open-label, multicenter multi-cohort study to evaluate the efficacy and safety of anitocabtagene autoleucel in participants with newly diagnosed multiple myeloma

Rationale

Not provided

Main Objective

To characterize the safety of anitocabtagene autoleucel following induction therapy in participants with newly diagnosed multiple myeloma
To further characterize the efficacy profile of anitocabtagene autoleucel following induction therapy in participants with newly diagnosed multiple myeloma

Primary Endpoints

Incidence, seriousness, and severity of all AEs
uMRD negative CR rate (minimum 105) at 12 months (+/- 3 months) after enrollment

Temporary moments of secondary assessment

Not provided

Secondary Objective

To further characterize the efficacy profile of anitocabtagene autoleucel following induction therapy in participants with newly diagnosed multiple myeloma

Secondary Endpoints

uMRD negative CR rate (minimum 105) at 2, 6, 12, 18 and 24 months after CAR T infusion and sustained uMRD annually
CR rate (CR (sCR), as assessed by investigators according to the International Myeloma Working Group (IMWG) criteria
Overall MRD negativity (minimum 105)
MRD-negative CR at any timepoint scheduled
Rate of conversion from undetectable to detectable MRD as well as biochemical progression rate
Time to biochemical progression (including the conversion from undetectable to detectable MRD).
undetectable MRD at 10-6
ORR per IMWG criteria
DoR
VGPR and PR rate per IMWG criteria
Time to initial response
PFS
Overall rate of imaging plus MRD negative (using PET/CT per IMWG)
Mass spectrometry MRD
Expansion and persistence of anitocabtagene autoleucel in peripheral blood

Characterize baseline tumor burden impact on efficacy, safety and cell expansion
Assess relationship of MRD-negativity to response, progression, and survival
Explore efficacy in high-risk populations (EMD, high-risk cytogenetics, ISS stage III, etc)
Characterize baseline soluble BCMA (sBCMA) and impact of Isa-VRd induction prior to anitocabtagene autoleucel and relationship to efficacy and safety
Characterize drug product attributes and relationship to efficacy and safety
Immunoprofiling by MFC in bone marrow and peripheral blood including identification and characterization of anitocabtagene autoleucel by MFC.
Overall survival

Temporary moments of secondary assessment

Not provided

Inclusion criteria

Newly diagnosed Multiple Myeloma according to the IMWG criteria published in 2014. a) For cohort A, patients will 70 years of age. b) For the cohorts B and C, patients will be 80 years of age Measurable disease at screening per IMWG, defined as any of the following: a) Serum M-protein level 1 g/dL or urine M-protein level 200 mg/24 hours; or b) Light chain MM without measurable disease in the serum or urine: serum free light chain 10 mg/dL and abnormal serum free light chain ratio. Note: Local laboratory results may be used to establish measurable disease at screening if the results are 125% of requirements. Only participants who are candidates to receive either D-VRd or Isa-VRd induction regimens, as determined by the investigator, should be considered for this study. Male or female aged 18 years or older and has capacity to give informed consent. Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1. Adequate hematological function defined as the following: Hemoglobin count 7.5 g/dL (without any red blood cell [RBC] transfusion within 7 days prior to the test result; use of recombinant human erythropoietin is permitted). Absolute neutrophil count (ANC) 500/L (without non-PEGylated myeloid growth factor support within 7 days or PEGylated myeloid growth factor support within 14 days prior to the test result). Platelet count 75,000/L (unless secondary to bone marrow or spleen involvement of MM, in which platelet count 50,000/L is permitted) without any platelet cell transfusion within 7 days prior to the test result. Bone marrow involvement by MM is demonstrated by bone marrow aspiration or biopsy. Spleen involvement by MM is demonstrated by splenomegaly. Absolute lymphocyte count (ALC) 100/L. PTT/PT/INR < 1.5x upper limit of normal (ULN), unless on a stable dose of anticoagulant for a thromboembolic even (subjects with a history of thromboembolic stroke or history of Grade 2 or greater hemorrhage within 1 year are excluded. Adequate renal, hepatic, pulmonary, and cardiac function defined as the following: Estimated glomerular filtration rate (eGFR) (as estimated by Chronic Kidney Disease Epidemiology Collaboration [CKD-EPI] equation [Section 12.14]) 45 mL/min. Serum alanine aminotransferase (ALT) and aspartate aminotransferase (AST) 3 ULN. Total bilirubin 1.5 mg/dL, except in participants with Gilberts syndrome or documented MM liver or pancreatic involvement where 3 ULN is permitted. Cardiac ejection fraction 45% with no evidence of clinically significant pericardial effusion as determined by echocardiogram (ECHO). Multigated acquisition (MUGA) scan may be used if an ECHO is not available at the site. No evidence of Grade 2 or higher (per National Cancer Institute [NCI] Common Terminology Criteria for Adverse Events [CTCAE] version [v]5.0) pleural effusion or ascites (participants with Grade 1 pleural effusion or ascites are eligible). Baseline oxygen saturation >92% on room air. Females of childbearing potential must have a medically supervised negative serum or urine pregnancy test with a sensitivity of at least 25 mIU/mL (females who have undergone surgical sterilization or who have been postmenopausal for at least 2 years are not considered to be of childbearing potential Willing to comply with and able to tolerate study procedures, including consent to participate in separate Long-term Safety Follow-up lasting up to 15 years per authorities´ guidance.

Exclusion criteria

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History of stroke or transient ischemic attack within 12 months before enrollment, or seizure disorders requiring active anticonvulsive medication. Patient with history of neurodegenerative disease (e.g., Parkinsons or Alzheimers disease) must be excluded. Peripheral neuropathy of Grade 3 or higher (per CTCAE v5.0; participants with Grade 2 peripheral neuropathy are eligible). History of solitary plasmacytoma History of autoimmune disease (e.g., Crohns disease, rheumatoid arthritis, systemic lupus) resulting in or requiring systemic immunosuppression or systemic disease-modifying agents within 2 years. History of concomitant genetic syndrome associated with bone marrow failure, such as Fanconi anemia, Kostmann syndrome, or Shwachman-Diamond syndrome. History of DVT or PE within 6 months before enrollment. Anticoagulants (e.g., warfarin, low-molecular weight heparin, Factor Xa inhibitors) are allowed if DVT/PE occurred > 6 months before enrollment, and if the participant is on a stable maintenance dose. Presence of any indwelling line or drain (e.g., percutaneous nephrostomy tube, indwelling Foley catheter, biliary drain, G/J-tube, or pleural/peritoneal/pericardial catheter). Dedicated central venous access catheters such as Port-a-Cath or Hickman catheter are permitted. Major surgery within 28 days before enrollment, or planned surgery required during study participation. Cardiac atrial or cardiac ventricular MM involvement. Any medical, neurologic or psychiatric condition that in the investigators opinion is likely to interfere with study procedures including assessment of safety or efficacy of the study treatment. Females who are pregnant or breastfeeding (due to the potentially dangerous effects of the lymphodepleting chemotherapy or induction regimen on the fetus or infant). Participants of both sexes who are not willing to practice highly effective birth control from the time of consent through 12 months following lymphodepleting chemotherapy administration, 12 months after the completion of anitocabtagene autoleucel, 5 months after the last dose of isatuximab, 3 months after the last dose of daratumumab, bortezomib, or 28 days after the last dose of lenalidomide, whichever is longer (refer to Section 12.2). Females who have undergone surgical sterilization or who have been postmenopausal for at least 2 years are not considered to be of childbearing potential. Participants of both sexes must also comply with any relevant REMS or aRMMs as part of an RMP. 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Participants must have recovered from all radiation-related toxicities. Patients with radiation-induced lung injury (RILI, radiation pneumonitis) during screening are excluded. Prior allogeneic stem cell transplant (allo-SCT) (even if for another malignancy) Live vaccine 4 weeks before

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Calendar

(Last Update: 17/07/2025)

Authorization	Start of Trial	First patient inclusion	Halted	Restarted
05/06/2025	30/06/2025	09/07/2025	Not aported	Not aported

End of recruitment	Premature end (Spain)	Premature End (Global)	Trial end (Spain)	Trial end (Global)
Not aported	Not aported	Not aported	Not aported	Not aported

Sponsor

Fundacion PETHEMA Spain

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Contact Person

Juan José Lahuerta Palacios

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gerencia@fundacionpethema.es

Monetary support: N/A

Sponsor type: Commercial

Ceim

CEIM Área de Salud de Salamanca

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923291100

Sites

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

Clinica Universidad De Navarra

Madrid

MADRID

Hematology

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

Clinica Universidad De Navarra

Pamplona

NAVARRA

Hematology

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

Complexo Hospitalario Universitario De Santiago

Santiago De Compostela

CORUÑA

Hematology

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

Hospital Clinic De Barcelona

Barcelona

BARCELONA

Hematology

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

Hospital Germans Trias I Pujol

Badalona

BARCELONA

Hematology

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

Hospital Universitario De Salamanca

Salamanca

SALAMANCA

Hematology

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

Hospital Universitario Marques De Valdecilla

Santander

CANTABRIA

Hematology

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

Hospital Universitario Ramon Y Cajal

Madrid

MADRID

Hematology

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

Hospital Universitario Y Politecnico La Fe

Valencia

VALENCIA

Hematology

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

Hospital Universitario 12 De Octubre

Madrid

MADRID

Hematology

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

University Hospital Virgen Del Rocio S.L.

Sevilla

SEVILLA

Hematology

Medication

ISATUXIMAB
CONCENTRATE FOR SOLUTION FOR INFUSION
INTRAVENOUS

-
Active Principles: N/A

Experimental

LENALIDOMIDE
CAPSULE
ORAL

-
Active Principles: N/A

Experimental

LENALIDOMIDE
HARD CAPSULES
ORAL

-
Active Principles: N/A

Experimental

LENALIDOMIDE
CAPSULE, HARD
ORAL

-
Active Principles: N/A

Experimental

FLUDARABINE
SOLUTION FOR INJECTION/INFUSION
INTRAVENOUS

-
Active Principles: N/A

Experimental

Anitocabtagene autoleucel
DISPERSION FOR INFUSION
INTRAVENIOUS INFUSION

-
Active Principles: N/A

Experimental

DARATUMUMAB
INJECTION
SUBCUTANEOUS

-
Active Principles: N/A

Experimental

TOCILIZUMAB
CONCENTRATE FOR SOLUTION FOR INFUSION
INTRAVENOUS

-
Active Principles: N/A

Experimental

DEXAMETHASONE
TABLET
ORAL

-
Active Principles: N/A

Experimental

CYCLOPHOSPHAMIDE
POWDER FOR SOLUTION FOR INJECTION/INFUSION
INTRAVENOUS

-
Active Principles: N/A

Experimental

BORTEZOMIB
POWDER FOR SOLUTION FOR INJECTION
SUBCUTANEOUS

-
Active Principles: N/A

Experimental

No results