CA-4948-203: A Ph2 Study of Emavusertib + an Approved BTKi in Patients with CLL and Other B-cell Malignancies

Estado	Tipo de Participantes	Rangos de Edad
Reclutando	No aportado	Mayores de 64 , Adultos (18-64 años)
Género	**Fases**	**Participantes esperados**
Ambos	Fase II	80
Resultados	**Bajo nivel intervención**	**Enfermedad rara**
Sin resultados	No	No
Cobertura geográfica	**Ámbitos del ensayo**	**Terapia avanzada**
Sin determinar	seguridad, eficacia, farmacocinética, farmacodinamica, farmacogenética	NO

Información

Identificador
2025-523600-68-00 (CTIS)

Cod. Protocolo
CA-4948-203

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

Enfermedad investigada
Chronic Lymphocytic Leukemia and Other B-cell Malignancies

Título Científico
A Phase 2 Study of Emavusertib in Combination with an Approved Bruton Tyrosine Kinase Inhibitor in Patients with Chronic Lymphocytic Leukemia and Other B-cell Malignancies

Justificación

No aportado

Objetivo Principal

Cohort 1 and Cohort 2:
Assess the anticancer activity of emavusertib in combination with zanubrutinib

Variables de Evaluación Primaria

1.Cohort 1: undetectable measurable residual disease (uMRD) rate: percentage of patients achieving uMRD as measured in peripheral blood mononuclear cells (PBMCs) by the ClonoSEQ assay. Bone marrow aspirate is required to confirm a CR and uMRD by peripheral blood.
2.Cohort 2: ORR: percentage of patients achieving a complete response (CR), or PR using iwCLL Response Criteria guidelines (Hallek et al, 2018)

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

Cohort 1 and Cohort 2: Further assess anticancer activity of emavusertib in combination with zanubrutinib Evaluate the safety and tolerability of emavusertib in combination with zanubrutinib Assess the exposure profile of emavusertib in combination with zanubrutinib

Variables de Evaluación Secundaria

1.Cohort 1: Duration of uMRD, Time to measurable residual disease (MRD) conversion, complete response (CR) rate, Duration of CR, Time to CR
2.Cohort 2: Duration of response (DOR), Time to response
3.Cohort 1 and Cohort 2: Progression-free survival (PFS), Overall survival (OS) Incidence of treatment-emergent adverse events (TEAEs) and treatment-related AEs, physical examinations, vital signs, electrocardiograms (ECGs), and laboratory values PK parameters: Cmax, Tmax, AUC0-t, and Cmin for emavusertib and zanubrutinib

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

1. Age 18 years of age with life expectancy of 3 months. 10. For Cohort 1 only: Patient must be in a PR or PR-L and MRD+, must have detectable MRD as determined by the ClonoSEQ assay, actively taking zanubrutinib for at least 12 months, acceptable organ function (protocol-defined) at Screening within 28 days prior to Cycle 1 Day 1 (C1D1) 11. For Cohort 2 only: Relapsed disease (protocol-defined) for which patients are ineligible for or exhausted standard of care options; Actively taking zanubrutinib and with direct progression on zanubrutinib and no other anticancer therapy administered since; Acceptable organ function (protocol-defined) at Screening within 28 days prior to C1D1. 2. Eastern Cooperative Oncology Group Performance Status of 2; 3. Histopathologically confirmed diagnosis of CLL per the World Health Organization 2016 classification; 4. At least 1 criterion for measurable disease per iwCLL; creatine phosphokinase (CPK) < 2.5 × upper limit of normal (ULN); 5. Ability to tolerate contrast-enhanced computed tomography (CT) scan; 6. Ability to swallow/retain oral medications; 7. Negative serum pregnancy test in women of childbearing potential (WOCP); 8. WOCP and men who partner with WOCP must use highly effective contraceptive methods during study and 180 days after the last dose of study treatment; 9. Ability to understand/sign a written informed consent document.

Criterios de Exclusión

1. Active second malignancy unless in remission with life expectancy > 2 years; 10. History of Stevens-Johnson syndrome or toxic epidermal necrolysis; 11. Intolerance to contrast-enhanced CT scan: Major surgery < 28 days prior to C1D1, minor surgery < 7 days prior to C1D1. Viral infections (protocol-defined); 12. Concomitant illness that would preclude safe participation in the study. 2. Active malignancy other than CLL requiring systemic therapy; 3. high-risk CLL TP53 mutations and 17P deletion; 4. History of Grade 3 rhabdomyolysis without complete recovery; 5. Prior chimeric antigen receptor-T cell therapy; 6. Prior investigational drugs within 28 days or 5 half-lives, whichever is shorter, prior to C1D1: allogeneic hematopoietic stem cell transplant (HSCT) within 60 days prior to C1D1, or clinically significant graft-versus-host disease (GVHD) requiring ongoing uptitration of immunosuppressive medications prior to Screening: Prior systemic anticancer treatment received within 21 days or 5 half-lives, whichever is shorter, prior to C1D1 (with the exception of zanubrutinib, which may be continued until the day before C1D1); 7. Receiving the following medications within 7 days or 5 half-lives, whichever is shorter, prior to C1D1: Medications that have a high risk of causing prolonged QT interval, corrected (QTc) and/or Torsades de Pointes, Peg-filgrastim or equivalent, St Johns Wort; 8. History of or ongoing drug-induced pneumonitis, History of stroke or intracranial hemorrhage within 6 months prior to C1D1, Requirement for anticoagulation with warfarin or equivalent vitamin K antagonists, including dual antiplatelet agents, within 5 half-lives of the anticoagulant or 7 days, whichever is longer, prior to C1D1; 9. Vaccinated with a live-attenuated vaccine within 4 weeks prior to C1D1: History of hypersensitivity or anaphylaxis to ema, approved BTKi, or any of their excipients;

Calendario

(Última actualización: 25/08/2026)

Autorización	Inicio de Ensayo	Inclusión Primer Paciente	Interrumpido	Reiniciado
16/03/2026	19/05/2026	No aportado	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

Curis Inc. United States

128 Spring Street Suite 500 Building C

Contact Person

Medical Affairs

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Monetary support: N/A

Tipo de promotor: Comercial

Ceim

CEIm Hospital Clínico San Carlos

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917044160

Centros

Activo (19/05/2026)

Hospital Universitario Fundacion Jimenez Diaz

Madrid

MADRID

Hematology

Activo (29/05/2026)

MD Anderson Cancer Center

Madrid

MADRID

Hematology

Medicamentos

CA-4948
COATED TABLET
ORAL USE

-
Principios Activos: N/A

Experimental

CA-4948
COATED TABLET
ORAL USE

-
Principios Activos: N/A

Experimental

BRUKINSA 80 mg hard capsules
CAPSULE, HARD
ORAL USE

Código ATC: L01EL03 - ZANUBRUTINIB
Principios Activos: N/A

Experimental

BRUKINSA 160 mg film-coated tablets
FILM-COATED TABLET
ORAL USE

Código ATC: L01EL03 - ZANUBRUTINIB
Principios Activos: N/A

Experimental

BRUKINSA 160 mg film-coated tablets
FILM COATED TABLET
ORAL USE

Código ATC: L01EL03 - ZANUBRUTINIB
Principios Activos: N/A

Experimental

Sin resultados

CA-4948-203: A Ph2 Study of Emavusertib + an Approved BTKi in Patients with CLL and Other B-cell Malignancies

State	Type of participants	Age Ranges
Recruiting	Not provided	Older than 64 , Adults (18-64 years)
Gender	**Phases**	**Expected Participants**
Both	Phase II	80
Results	**Low level of intervention**	**Rare disease**
No results	No	No
Geographic coverage	**Areas of the study**	**Advanced therapy**
Undetermined	safety, effectiveness, pharmacokinetics, pharmacodynamics, pharmacogenetics	NO

Information

Identifier
2025-523600-68-00 (CTIS)

Protocol Code
CA-4948-203

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

Investigated Disease
Chronic Lymphocytic Leukemia and Other B-cell Malignancies

Scientific Title
A Phase 2 Study of Emavusertib in Combination with an Approved Bruton Tyrosine Kinase Inhibitor in Patients with Chronic Lymphocytic Leukemia and Other B-cell Malignancies

Rationale

Not provided

Main Objective

Cohort 1 and Cohort 2:
Assess the anticancer activity of emavusertib in combination with zanubrutinib

Primary Endpoints

1.Cohort 1: undetectable measurable residual disease (uMRD) rate: percentage of patients achieving uMRD as measured in peripheral blood mononuclear cells (PBMCs) by the ClonoSEQ assay. Bone marrow aspirate is required to confirm a CR and uMRD by peripheral blood.
2.Cohort 2: ORR: percentage of patients achieving a complete response (CR), or PR using iwCLL Response Criteria guidelines (Hallek et al, 2018)

Temporary moments of secondary assessment

Not provided

Secondary Objective

Cohort 1 and Cohort 2: Further assess anticancer activity of emavusertib in combination with zanubrutinib Evaluate the safety and tolerability of emavusertib in combination with zanubrutinib Assess the exposure profile of emavusertib in combination with zanubrutinib

Secondary Endpoints

1.Cohort 1: Duration of uMRD, Time to measurable residual disease (MRD) conversion, complete response (CR) rate, Duration of CR, Time to CR
2.Cohort 2: Duration of response (DOR), Time to response
3.Cohort 1 and Cohort 2: Progression-free survival (PFS), Overall survival (OS) Incidence of treatment-emergent adverse events (TEAEs) and treatment-related AEs, physical examinations, vital signs, electrocardiograms (ECGs), and laboratory values PK parameters: Cmax, Tmax, AUC0-t, and Cmin for emavusertib and zanubrutinib

Temporary moments of secondary assessment

Not provided

Inclusion criteria

1. Age 18 years of age with life expectancy of 3 months. 10. For Cohort 1 only: Patient must be in a PR or PR-L and MRD+, must have detectable MRD as determined by the ClonoSEQ assay, actively taking zanubrutinib for at least 12 months, acceptable organ function (protocol-defined) at Screening within 28 days prior to Cycle 1 Day 1 (C1D1) 11. For Cohort 2 only: Relapsed disease (protocol-defined) for which patients are ineligible for or exhausted standard of care options; Actively taking zanubrutinib and with direct progression on zanubrutinib and no other anticancer therapy administered since; Acceptable organ function (protocol-defined) at Screening within 28 days prior to C1D1. 2. Eastern Cooperative Oncology Group Performance Status of 2; 3. Histopathologically confirmed diagnosis of CLL per the World Health Organization 2016 classification; 4. At least 1 criterion for measurable disease per iwCLL; creatine phosphokinase (CPK) < 2.5 × upper limit of normal (ULN); 5. Ability to tolerate contrast-enhanced computed tomography (CT) scan; 6. Ability to swallow/retain oral medications; 7. Negative serum pregnancy test in women of childbearing potential (WOCP); 8. WOCP and men who partner with WOCP must use highly effective contraceptive methods during study and 180 days after the last dose of study treatment; 9. Ability to understand/sign a written informed consent document.

Exclusion criteria

1. Active second malignancy unless in remission with life expectancy > 2 years; 10. History of Stevens-Johnson syndrome or toxic epidermal necrolysis; 11. Intolerance to contrast-enhanced CT scan: Major surgery < 28 days prior to C1D1, minor surgery < 7 days prior to C1D1. Viral infections (protocol-defined); 12. Concomitant illness that would preclude safe participation in the study. 2. Active malignancy other than CLL requiring systemic therapy; 3. high-risk CLL TP53 mutations and 17P deletion; 4. History of Grade 3 rhabdomyolysis without complete recovery; 5. Prior chimeric antigen receptor-T cell therapy; 6. Prior investigational drugs within 28 days or 5 half-lives, whichever is shorter, prior to C1D1: allogeneic hematopoietic stem cell transplant (HSCT) within 60 days prior to C1D1, or clinically significant graft-versus-host disease (GVHD) requiring ongoing uptitration of immunosuppressive medications prior to Screening: Prior systemic anticancer treatment received within 21 days or 5 half-lives, whichever is shorter, prior to C1D1 (with the exception of zanubrutinib, which may be continued until the day before C1D1); 7. Receiving the following medications within 7 days or 5 half-lives, whichever is shorter, prior to C1D1: Medications that have a high risk of causing prolonged QT interval, corrected (QTc) and/or Torsades de Pointes, Peg-filgrastim or equivalent, St Johns Wort; 8. History of or ongoing drug-induced pneumonitis, History of stroke or intracranial hemorrhage within 6 months prior to C1D1, Requirement for anticoagulation with warfarin or equivalent vitamin K antagonists, including dual antiplatelet agents, within 5 half-lives of the anticoagulant or 7 days, whichever is longer, prior to C1D1; 9. Vaccinated with a live-attenuated vaccine within 4 weeks prior to C1D1: History of hypersensitivity or anaphylaxis to ema, approved BTKi, or any of their excipients;

Calendar

(Last Update: 25/08/2026)

Authorization	Start of Trial	First patient inclusion	Halted	Restarted
16/03/2026	19/05/2026	Not aported	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

Curis Inc. United States

128 Spring Street Suite 500 Building C

Contact Person

Medical Affairs

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clinicaltrials@curis.com

Monetary support: N/A

Sponsor type: Commercial

Ceim

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Sites

Active (19/05/2026)

Hospital Universitario Fundacion Jimenez Diaz

Madrid

MADRID

Hematology

Active (29/05/2026)

MD Anderson Cancer Center

Madrid

MADRID

Hematology

Medication

CA-4948
COATED TABLET
ORAL USE

-
Active Principles: N/A

Experimental

CA-4948
COATED TABLET
ORAL USE

-
Active Principles: N/A

Experimental

BRUKINSA 80 mg hard capsules
CAPSULE, HARD
ORAL USE

ATC code: L01EL03 - ZANUBRUTINIB
Active Principles: N/A

Experimental

BRUKINSA 160 mg film-coated tablets
FILM-COATED TABLET
ORAL USE

ATC code: L01EL03 - ZANUBRUTINIB
Active Principles: N/A

Experimental

BRUKINSA 160 mg film-coated tablets
FILM COATED TABLET
ORAL USE

ATC code: L01EL03 - ZANUBRUTINIB
Active Principles: N/A

Experimental

No results