A Study to Determine Dose, Safety, Tolerability, Drug Levels, and Efficacy of CC-220 Monotherapy, and in Combination With Other Treatments in Participants With Multiple Myeloma

CLINICALTRIALS.GOV IDENTIFIER	RECRUITMENT STATUS	FIRST POSTED	LAST UPDATE POSTED
NCT02773030	RECRUITING	MAY 16, 2016	SEPTEMBER 23, 2022

STUDY DESCRIPTION

Brief Summary

This is a multicenter, multi-country, open-label, Phase 1b/2a dose-escalation study consisting of two parts: dose escalation (Part 1) for CC-220 monotherapy, CC-220 in combination with DEX, CC-220 in combination with DEX and DARA, CC-220 in combination with DEX and BTZ and CC-220 in combination with DEX and CFZ; and the expansion of the RP2D (Part 2) for CC-220 in combination with DEX for Relapsed Refractory Multiple Myeloma and CC-220 in combination with DEX and BTZ for Newly Diagnosed Multiple Myeloma.

Condition or Disease: Multiple Myeloma

Intervention/treatment: Drug: CC-220
Drug: Dexamethasone
Drug: Daratumumab
Drug: Bortezomib
Drug: Carfilzomib

Phase: Phase 1/Phase 2

DETAILED DESCRIPTION

Subjects assigned to CC-220 monotherapy, who develop progressive disease (PD) will have the option to receive DEX in addition to CC-220 after consultation with the Medical Monitor. The dose of CC-220 will not be higher than the dose of CC-220 used in combination with dexamethasone in Cohort B that has been determined to be safe. Progressive disease must be confirmed in accordance with international myeloma working group (IMWG) criteria.
The starting dose of DEX will be 40 mg for subjects who are ≤75 years of age and 20 mg for subjects who are >75 years of age, given once weekly. This treatment will continue until PD, unacceptable toxicity or the subject withdraws consent.
For Cohorts A and B, the starting dose level of CC-220, dose level 1, is 0.3 mg. A dose level -1, of 0.15 mg, may also be evaluated if the starting dose level of 0.3 mg for 21 days of a 28-day cycle is not tolerated. For Cohorts E and F, the starting dose level of CC-220, dose level 1, is one dose level below the maximum dose for Cohort B that has been determined to be safe by the dose escalation committee (DEC) at the start of enrollment for both cohorts. For Cohort E in addition to CC-220 and DEX, daratumumab will be administered intravenously (IV) at a 16mg/kg dose. For Cohort F in addition to CC-220 and DEX, bortezomib will be administered subcutaneous (SC) at a 1.3mg/m2 dose.
All subjects with a minimal response (MR) or better who discontinue study treatment in Part 1 or Part 2 of the study for a reason other than PD or withdrawal of consent from the study will be followed for response assessment every 28 days (every 21 days for Cohort F) until PD.
The study will be conducted in compliance with the International Council for Harmonisation (ICH) of Technical Requirements for Registration of Pharmaceuticals for Human Use/Good Clinical Practice (GCP) and applicable regulatory requirements.
The initiation of Part 2 will begin when the RP2D is established in Part 1 in either Cohort A or Cohort B. Either cohort may begin once the RP2D is determined for each cohort independently during Part 1. All expansion decisions will be determined by the DEC after review of all safety, PK, biomarker and preliminary efficacy data, as applicable. During Part 2, the Independent Expert Reviewer will review safety data and any other data deemed relevant so that subject safety is ensured.

STUDY DESIGN

Study Type: Interventional

Estimated Enrollment : 449 participants

Allocation : Randomized

Intervention Model : Parallel Assignment

Masking: None (Open Label) ()

Primary Purpose: Treatment

Official Title: A Study to Determine Dose, Safety, Tolerability, Drug Levels, and Efficacy of CC-220 Monotherapy, and in Combination With Other Treatments in Participants With Multiple Myeloma

Actual Study Start Date: October 2016

Estimated Primary Completion Date: May 2026

Estimated Study Completion Date: February 2028

ARMS AND INTERVENTIONS

Arm	Intervention/treatment
Experimental: Cohort A: CC-220 Monotherapy - Part 1 Oral CC-220 at dose specified by cohort dose level from Day 1-21 of each 28-day cycle	Drug: CC-220 CC-220 at dose specified by cohort dose level from Day 1-21 of each 28-day cycle

Experimental: Cohort B: CC-220 in combination with Dexamethasone (DEX) - Part 1 Oral CC-220 at dose specified by cohort dose level from Day 1-21 of each 28-day cycle. For subjects ≤ 75 years old, oral DEX 40 mg on Days 1, 8, 15, and 22 of each 28-day cycle. For subjects >75 years old, DEX will be administered at 20 mg on Days 1, 8,15, and 22 of each 28-day cycle. Subjects who surpass the age of 75 years while on treatment may be switched to the 20 mg QD dosage based on the investigator's best judgment.	Drug: CC-220 CC-220 at dose specified by cohort dose level from Day 1-21 of each 28-day cycle Drug: Dexamethasone Oral DEX 40 mg on Days 1, 8, 15, and 22 of each 28-day cycle. For subjects >75 years old, oral DEX will be administered at 20 mg on Days 1, 8, 15, and 22 of each 28-day cycle
Experimental: Cohort C: CC-220 Monotherapy in RRMM Part 2	Drug: CC-220 CC-220 at dose specified by cohort dose level from Day 1-21 of each 28-day cycle
Experimental: Cohort D: CC-220 in combination with Dexamethasone - Part 2 Oral CC-220 at Recommended Phase 2 dose (RP2D) from Day 1-21 of each 28-day cycle Oral DEX 40 mg on Days 1, 8, 15, and 22 of each 28-day cycle. For subjects >75 years old, DEX will be administered at 20 mg on Days 1, 8, 15, and 22 of each 28-day cycle	Drug: CC-220 CC-220 at dose specified by cohort dose level from Day 1-21 of each 28-day cycle Drug: Dexamethasone Oral DEX 40 mg on Days 1, 8, 15, and 22 of each 28-day cycle. For subjects >75 years old, oral DEX will be administered at 20 mg on Days 1, 8, 15, and 22 of each 28-day cycle
Experimental: Cohort E: CC-220 with DEX and daratumumab (DARA) - Part 1 Oral CC-220 at dose specified by cohort dose level from Day 1-21 of each 28-day cycle. Oral DEX for subjects ≤ 75 years old at 40 mg on Days 1, 8, 15, and 22 of each 28-day cycle. For subjects >75 years old, oral DEX at 20 mg on Days 1, 8, 15, and 22 of each 28-day cycle. Intravenous DARA at dose 16mg/kg on Days 1, 8, 15, and 22 at cycle 1-2, Days 1, 15 at cycle 3-6, and Day 1 at cycle ≥7 of each 28-day cycle. Once the MTD and/or RP2D is determined in Cohort E (CC-220Dd), subjects will be enrolled at this dose level using SC DARA. Oral CC-220 at dose specified by cohort dose level from Day 1-21 of each 28-day cycle. Oral DEX for subjects ≤ 75 years old at 40 mg on Days 1, 8, 15, and 22 of each 28-day cycle. For subjects >75 years old, oral DEX at 20 mg on Days 1, 8, 15, and 22 of each 28-day cycle. Subcutaneous DARA at dose 1800 mg over 3 to 5 minutes on Days 1, 8, 15, and 22 at cycle 1-2, Days 1, 15 at cycle 3-6, and Day 1 at cycle ≥7 of each 28-day cycle.	Drug: CC-220 CC-220 at dose specified by cohort dose level from Day 1-21 of each 28-day cycle Drug: Dexamethasone Oral DEX 40 mg on Days 1, 8, 15, and 22 of each 28-day cycle. For subjects >75 years old, oral DEX will be administered at 20 mg on Days 1, 8, 15, and 22 of each 28-day cycle Drug: Daratumumab Oral DEX 40 mg on Days 1, 8, 15, and 22 of each 28-day cycle. For subjects >75 years old, oral DEX will be administered at 20 mg on Days 1, 8, 15, and 22 of each 28-day cycle
Experimental: Cohort F: CC-220 with DEX and bortezomib - Part 1 Oral CC-220 at dose specified by cohort dose level from Day 1-14 of each 21-day cycle. Oral DEX for subjects ≤ 75 years old at 40 mg on Days 1, 8, and 15 of each 21-day cycle. For subjects >75 years old, oral DEX at 20 mg on Days 1, 8, and 15 of each 21-day cycle. Subcutaneous BTZ at dose 1.3 mg/m^2 on Days 1, 4, 8 and 11 at cycle 1-8, and Days 1, 8 at cycle ≥9 of each 21-day cycle.	Drug: CC-220 CC-220 at dose specified by cohort dose level from Day 1-21 of each 28-day cycle Drug: Dexamethasone Oral DEX 40 mg on Days 1, 8, 15, and 22 of each 28-day cycle. For subjects >75 years old, oral DEX will be administered at 20 mg on Days 1, 8, 15, and 22 of each 28-day cycle Drug: Bortezomib Bortezomib 1.3 mg/m^2 on Days 1, 4, 8 and 11 at cycle 1-8, and Days 1, 8 at cycle ≥9 of each 21-day cycle
Experimental: Cohort G1: CC-220 in combination with CFZ and DEX - Part 1 Oral CC-220 at dose specified by cohort dose level from Day 1-21 of each 28-day cycle Intravenous (IV) CFZ (Carfilzomib)administered at a starting dose of 20 mg/m2 on C1D1; and at a dose specified by cohort dose level thereafter on days 1, 8, 15 of each 28-day cycle Oral DEX (Dexamethasone) on Days 1, 8, 15, and 22 of each 28-day cycle. For subjects ≤ 75 years old, the DEX dose will be 40 mg. For subjects > 75 years old, the DEX dose will be 20 mg	Drug: CC-220 CC-220 at dose specified by cohort dose level from Day 1-21 of each 28-day cycle Drug: Dexamethasone Oral DEX 40 mg on Days 1, 8, 15, and 22 of each 28-day cycle. For subjects >75 years old, oral DEX will be administered at 20 mg on Days 1, 8, 15, and 22 of each 28-day cycle Drug: Carfilzomib Intravenous (IV) CFZ administered at a starting dose of 20 mg/m2 on C1D1 and C1D2; and at a dose level specified by cohort dose level thereafter Days 1, 2, 8, 9, 15, 16 of each 28-day cycle
Experimental: Cohort G2 - CC-220 in combination with CFZ and DEX - Part 1 Oral CC-220 at dose specified by cohort dose level from Day 1-21 of each 28-day cycle Intravenous (IV) CFZ administered at a starting dose of 20 mg/m2 on C1D1; and at a dose level specified by cohort dose level thereafter Days 1, 2, 8, 9, 15, 16 of each 28-day cycle Oral DEX on Days 1, 2, 8, 9, 15, 16, 22, 23 of each 28-day cycle. The DEX dose will be 20 mg	Drug: CC-220 CC-220 at dose specified by cohort dose level from Day 1-21 of each 28-day cycle Drug: Dexamethasone Oral DEX 40 mg on Days 1, 8, 15, and 22 of each 28-day cycle. For subjects >75 years old, oral DEX will be administered at 20 mg on Days 1, 8, 15, and 22 of each 28-day cycle Drug: Carfilzomib Intravenous (IV) CFZ administered at a starting dose of 20 mg/m2 on C1D1 and C1D2; and at a dose level specified by cohort dose level thereafter Days 1, 2, 8, 9, 15, 16 of each 28-day cycle
Experimental: Cohort I: CC-220 in combination with DEX in post BCMA RRMM - Part 2 Oral CC-220 at Recommended Phase 2 dose (RP2D) from Day 1-21 of each 28-day cycle Oral DEX 40 mg on Days 1, 8, 15, and 22 of each 28-day cycle. For subjects >75 years old, oral DEX will be administered at 20 mg on Days 1, 8, 15, and 22 of each 28-day cycle.	Drug: CC-220 CC-220 at dose specified by cohort dose level from Day 1-21 of each 28-day cycle Drug: Dexamethasone Oral DEX 40 mg on Days 1, 8, 15, and 22 of each 28-day cycle. For subjects >75 years old, oral DEX will be administered at 20 mg on Days 1, 8, 15, and 22 of each 28-day cycle
Experimental: Cohort J1: CC-220 in combination with DEX and BTZ in NDMM - Part 2 Oral CC-220 at Recommended Phase 2 Dose from Day 1-14 of each 21-day cycle (Cycle 1 to 8) and from Day 1-21 of each 28-day cycle (Cycle 9 and above). Oral DEX at Cycles 1 to 8, 20 mg (≤ 75 years old) or 10 mg (> 75 years old) on Days 1, 2, 4, 5, 8, 9, 11 and 12 of each 21-day cycle and Cycles ≥ 9, 40 mg (≤ 75 years old) or 20 mg (> 75 years old) on Days 1, 8, 15, and 22 of each 28-day cycle. Subcutaneous BTZ at dose 1.3 mg/m2 on Days 1, 4, 8 and 11 at Cycle 1-8 of each 21-day cycle.	Drug: CC-220 CC-220 at dose specified by cohort dose level from Day 1-21 of each 28-day cycle Drug: Dexamethasone Oral DEX 40 mg on Days 1, 8, 15, and 22 of each 28-day cycle. For subjects >75 years old, oral DEX will be administered at 20 mg on Days 1, 8, 15, and 22 of each 28-day cycle Drug: Bortezomib Bortezomib 1.3 mg/m^2 on Days 1, 4, 8 and 11 at cycle 1-8, and Days 1, 8 at cycle ≥9 of each 21-day cycle

Experimental: Cohort J2: CC-220 in combination with DEX and BTZ in NDMM - Part 2 Oral CC-220 at Recommended Phase 2 Dose from Day 1-14 of each 21-day cycle. Oral DEX at 20 mg/day (≤ 75 years old) or 10 mg/day (> 75 years old) for Cycles 1 to 6 on Days 1, 2, 4, 5, 8, 9, 11 and 12 of a 21-day cycle. Subcutaneous BTZ at dose 1.3 mg/m2 on Days 1, 4, 8 and 11 at Cycle 1-6 of each 21-day cycle.	Drug: CC-220 CC-220 at dose specified by cohort dose level from Day 1-21 of each 28-day cycle Drug: Dexamethasone Oral DEX 40 mg on Days 1, 8, 15, and 22 of each 28-day cycle. For subjects >75 years old, oral DEX will be administered at 20 mg on Days 1, 8, 15, and 22 of each 28-day cycle Drug: Bortezomib Bortezomib 1.3 mg/m^2 on Days 1, 4, 8 and 11 at cycle 1-8, and Days 1, 8 at cycle ≥9 of each 21-day cycle
Experimental: Cohort K: CC-220 with DEX and DARA in NDMM and not autologous stem cell transplant eligible Part 2	Drug: CC-220 CC-220 at dose specified by cohort dose level from Day 1-21 of each 28-day cycle Drug: Dexamethasone Oral DEX 40 mg on Days 1, 8, 15, and 22 of each 28-day cycle. For subjects >75 years old, oral DEX will be administered at 20 mg on Days 1, 8, 15, and 22 of each 28-day cycle Drug: Daratumumab Oral DEX 40 mg on Days 1, 8, 15, and 22 of each 28-day cycle. For subjects >75 years old, oral DEX will be administered at 20 mg on Days 1, 8, 15, and 22 of each 28-day cycle

OUTCOME MEASURES

Primary Outcome Measures:
1. Establish maximum tolerated doses (MTDs) of CC-220 as monotherapy and in combination with other treatment [Time Frame: Approximately 1 year]
Establish the maximum tolerated doses (MTDs) of CC-220 monotherapy, in combination with DEX, and in combination with DEX and daratumumab (CC-220Dd), in combination with DEX and bortezomib (CC-220Vd), and in combination with DEX and carfilzomib (CC-220Kd)
2. Establish Recommended Phase 2 doses (RP2Ds) of CC-220 as monotherapy and in combination with other treatment [Time Frame: Approximately 1 year]
RP2D is defined as the dose selected for phase 2 based on safety, pharmacokinetics and biomarker data from phase 1 of the study
3. Overall response rate (ORR) of CC-220 in combination with Dexamethasone (DEX) in Cohort D [Time Frame: Approximately 3 years]
Tumor response, including progressive disease (PD) according to the International Myeloma Working Group (IMWG) Uniform Response Criteria (Kumar, 2011) in CC-220 in combination with DEX

Secondary Outcome Measures:
1. Adverse Events (AEs) [Time Frame: Approximately 3 years]
Type, frequency, seriousness and severity of adverse events (AEs) (and AEs of special interest) and relationship of AEs to investigational product
2. Overall response rate (ORR) [Time Frame: Approximately 3 years]
Tumor response, including progressive disease (PD) according to the International Myeloma Working Group (IMWG) Uniform Response Criteria (Kumar, 2016) for subjects who achieved partial response (PR) or better
3. Time to Response (TTR) [Time Frame: Approximately 3 years]
Is defined as the time from the first date of dosing of IP to the first date of documented response (partial response [PR] or greater)
4. Duration of Response (DOR) [Time Frame: Approximately 3 years]
Is defined as Time from the first documentation of response (PR or greater) to the first documentation of Progressive disease (PD)
5. Progression-free Survival (PFS) [Time Frame: Approximately 3 years]
Time from the first dose of investigational product (IP) to the first documentation of PD or death from any cause, whichever occurs first
6. Overall Survival (OS) in Part 2 relapsed and refractory multiple myeloma (RRMM) cohorts [Time Frame: Approximately 3 years]
Time from first dose of IP to death due to any cause
7. Pharmacokinetics - Area under the plasma concentration-time curve from time zero to tau, where tau is the dosing interval (AUC[TAU]) [Time Frame: Approximately 1 year]
8. Pharmacokinetics - Maximum plasma concentration of drug (Cmax) [Time Frame: Approximately 1 year]
9. Pharmacokinetics - Time to maximum plasma concentration of drug (Tmax) [Time Frame: Approximately 1 year]
10. Very good partial response or better rate (VGPR) [Time Frame: Approximately 4 years]
Tumor response, including progressive disease (PD) according to the International Myeloma Working Group (IMWG) Uniform Response Criteria (Kumar, 2016) for subjects who achieved VGPR or better

ELIGIBILITY CRITERIA

Ages Eligible for Study: 18 Years and older (Adult, Older Adult)

Sexes Eligible for Study: All

Accepts Healthy Volunteers: No

Criteria

Inclusion Criteria:
Eastern Cooperative Oncology Group (ECOG) performance status score of 0, 1 or 2 Relapsed and refractory multiple myeloma (RRMM) participants must have documented disease progression on or within 60 days from the last dose of their last myeloma therapy Newly diagnosed multiple myeloma (NDMM) participants must have documented diagnosis with previously untreated symptomatic multiple myeloma (MM) Participants in Cohorts J1 and K are those for whom autologous stem cell transplantation is not planned for initial therapy or are not considered by the investigator as eligible for high-dose chemotherapy and autologous stem cell transplantation
Exclusion Criteria:
Any significant medical condition, laboratory abnormality, or psychiatric illness that would prevent the participant from participating in the study Nonsecretory multiple myeloma Prior history of malignancies, other than MM, unless the participant has been free of the disease for ≥ 5 years
Other protocol-defined inclusion/exclusion criteria apply

CONTACTS AND LOCATIONS

Contacts

Contact: BMS Study Connect Contact Center www.BMSStudyConnect.com 855-907-3286 Clinical.Trials@bms.com
Contact: First line of the email MUST contain the NCT# and Site #.

Locations

United States, Arizona	Mayo Clinic	Scottsdale
United States, Arkansas	University of Arkansas for Medical Sciences	Little Rock
United States, Georgia	Winship Cancer Institute of Emory University	Atlanta
United States, Georgia	Winship Cancer Institute of Emory University	Atlanta
United States, Illinois	Robert H Lurie Comprehensive Cancer Center NW Univ	Chicago
United States, Kansas	University of Kansas Cancer Center	Fairway
United States, Maryland	University of Maryland School of Med	Baltimore
United States, Maryland	University of Maryland School of Med	Baltimore
United States, Massachusetts	Beth Israel Deaconess Medical Center	Boston
United States, Massachusetts	Beth Israel Deaconess Medical Center	Boston
United States, Massachusetts	Massachusetts General Hospital	Boston
United States, Massachusetts	Massachusetts General Hospital	Boston
United States, Massachusetts	Dana-Farber/Mass General Brigham Cancer Care, Inc	Boston
United States, Massachusetts	Dana-Farber/Mass General Brigham Cancer Care, Inc	Boston
United States, Michigan	University of Michigan Comprehensive Cancer Center	Ann Arbor
United States, Michigan	Karmanos Cancer Institute	Detroit
United States, New Jersey	Hackensack University Medical Center	Hackensack
United States, New York	NYU Winthrop Hospital	Mineola
United States, New York	New York University School of Medicine	New York
United States, New York	Icahn School of Medicine at Mount Sinai Medical Center	New York
United States, New York	New York Presbyterian Hospital Weil Cornell Medical College	New York
United States, New York	New York Presbyterian Hospital Weil Cornell Medical College	New York
United States, New York	University of Rochester Cancer Center	Rochester
United States, North Carolina	Levine Cancer Institute	Charlotte
United States, Ohio	Cleveland Clinic Foundation	Cleveland
United States, Ohio	The Ohio State University Comprehensive Cancer Center	Columbus
United States, Ohio	The Ohio State University Comprehensive Cancer Center	Columbus
United States, Pennsylvania	University of Pennsylvania	Philadelphia
United States, South Carolina	Prisma Health Cancer Institute	Greenville
United States, Texas	University of Texas Southwestern Medical Center	Dallas
United States, Utah	Huntsman Cancer Institute at the University of Utah	Salt Lake City
Canada, Alberta	Local Institution - 904	Calgary
Canada, Alberta	Tom Baker Cancer Centre	Calgary
Canada, British Columbia	Vancouver General Hospital	Vancouver
Canada, Nova Scotia	Local Institution - 902	Halifax
Canada, Nova Scotia	Queen Elizabeth II Health Sciences Centre	Halifax
Canada, Quebec	McGill University Health Center - Royal Victoria Hospital	Montreal
France	CHRU Hopital Claude Huriez	Lile Cedax
France	CHU Bordeaux	Pessac
France	Centre Hospitalier Lyon Sud	Pierre Benite cedex
France	CHU La Miletrie	Poitiers Cedex
Germany	Medizinische Kinik und Poliklinik I	Dresden

Germany	Universitaetsklinikum Duesseldorf	Dusseldorf
Germany	Universitaetsklinik Hamburg - Eppendorf	Hamburg
Germany	Universitaetsklinikum Heidelberg	Heidelberg
Germany	UKT Universitaetsklinikum Tuebingen	Tuebingen
Germany	Universitaets-klinikum Wuerzburg	Wuerzburg
Israel	Local Institution - 0905	Jerusalem
Italy	I.R.C.C.S. Policlinico San Matteo - Universita di Pavia	Pavia
Italy	Azienda Ospedaliera di Reggio Emilia - Arcispedale Santa Maria Nuova	Reggio Emilia
Italy	Universita degli Studi di Roma La Sapienza - Umberto I Policlinico di Roma - Centro di Ematologia	Rome
Italy	Osp. S.Giovanni Battista Le Molinette	Torino
Japan	Aomori Prefectural Central Hospital	Aomori
Japan	Hiroshima Red Cross Hospital & Atomic-bomb Survivors Hospital	Hiroshima City
Japan	Tokai University Hospital	Isehara City, Kanagawa
Japan	Kameda Medical Center	Kamogawa
Japan	University Hospital, Kyoto Prefectural University of Medicine	Kyoto-city
Japan	Matsuyama Red Cross Hospital	Matsuyama
Japan	Japanese Red Cross Nagasaki Genbaku Hospital	Nagasaki-shi
Japan	Aichi Cancer Center	Nagoya
Japan	Local Institution - 801	Nagoya
Japan	Nagoya City University Hospital	Nagoya
Japan	Ogaki Municipal Hospital	Ogaki
Japan	Local Institution - 804	Osaka
Japan	Osaka City University Hospital	Osaka
Japan	Tohoku University Hospital	Sendai
Japan	Local Institution - 806	Shinagawa-ku, Tokyo
Japan	NTT Medical Center Tokyo	Shinagawa-ku, Tokyo
Japan	Shizuoka Cancer Center	Sunto-gun
Japan	Local Institution - 807	Toyohashi
Japan	Toyohashi Municipal Hospital	Toyohashi
Netherlands	VU University Medical Center	Amsterdam
Netherlands	Maastricht University Medical Center	Maastrich
Netherlands	Erasmus Medical Center	Rotterdam
Netherlands	University Medical Center Utrecht	Utrecht
Spain	Hospital Universitari Germans Trias i Pujol Can Ruti	Badalona (Barcelona)
Spain	Local Institution - 404	Badalona (Barcelona)
Spain	Hospital Val d'Hebron	Barcelona
Spain	Local Institution - 401	Barcelona
Spain	Instituto Catalan de Oncologia-Hospital Duran i Reynals	Barcelona
Spain	Local Institution - 405	Barcelona
Spain	Hospital Gregorio Maranon	Madrid
Spain	Hospital Universitario Ramon y Cajal	Madrid
Spain	Clinica Universidad de Navarra	Pamplona
Spain	Local Institution - 402	Pamplona
Spain	Hospital Universitario Dr. Pesset	Valencia
United Kingdom	University Hospitals Birmingham NHS Foundation Trust - Queen Elizabeth Hospital	Birmingham

United Kingdom	Local Institution - 202	Leeds
United Kingdom	Saint James University Hospital	Leeds
United Kingdom	Genesis Care	Oxford
United Kingdom	The Institut of Cancer Research	Sutton
United Kingdom	The Royal Marsden NHS Foundation Trust	Sutton

Sponsors and Collaborators

Celgene

Investigator

Study Director :	Bristol-Myers Squibb	Bristol-Myers Squibb

MORE INFORMATION

Responsible Party :	Celgene
ClinicalTrials.gov Identifier :	NCT02773030
Other Study ID Numbers :	CC-220-MM-001, U1111-1182-9200, 2016-000860-40
First Posted :	May 16, 2016
Last Update Posted :	September 23, 2022
Last Verified :	September 2022
Keywords provided by Celgene:	*Multiple Myeloma* *Relapsed* *Refractory* *Pharmacokinetics* *Safety* *Efficacy* *CC-220 Relapsed and refractory multiple myeloma* *Dexamethasone* *Daratumumab* *Bortezomib* *Newly diagnosed multiple myeloma* *Newly diagnosed multiple myeloma transplant non-eligible*
Additional relevant MeSH terms :	*Multiple Myeloma* *Neoplasms, Plasma Cell* *Neoplasms by Histologic Type* *Neoplasms* *Hemostatic Disorders* *Vascular Diseases* *Cardiovascular Diseases* *Blood Protein Disorders* *Hematologic Diseases* *Hemorrhagic Disorders* *Lymphoproliferative Disorders* *Immunoproliferative Disorders* *Immune System Diseases* *Paraproteinemias*