A Study of CC-90011 and Comparators in Participants With Prostate Cancer

CLINICALTRIALS.GOV IDENTIFIER	RECRUITMENT STATUS	FIRST POSTED	LAST UPDATE POSTED
NCT04628988	RECRUITING	NOVEMBER 16, 2020	OCTOBER 26, 2021

STUDY DESCRIPTION

Brief Summary

This is an open-label, positron emission tomography (PET) imaging Proof of Biology (POB) study to determine whether CC 90011 reverses, by the induction of androgen receptor (AR) expression, the castration resistance, due to lineage switch, in participants with mCRPC that have failed enzalutamide as last prior therapy. This study aims to assess whether CC-90011 can induce AR expression and, consequently, re-sensitize tumors to anti-hormonal therapy.

Condition or Disease: Prostatic Neoplasms

Intervention/treatment: Drug: CC-90011
Drug: Abiraterone
Drug: Prednisone

Phase: Phase 1

DETAILED DESCRIPTION

N/A

STUDY DESIGN

Study Type: Interventional

Estimated Enrollment : 10 participants

Intervention Model : Single Group Assignment

Masking: None (Open Label) ()

Primary Purpose: Other

Official Title: A Phase 1, Open-label, Functional Imaging Study to Assess Whether CC-90011 Reverses the Castration Resistance Due to Lineage Switch in Participants With Metastatic Castration-resistant Prostate Cancer (mCRPC) Who Have Failed Enzalutamide as Last Prior Therapy, Followed by a Dose Finding Study of CC-90011 Combined With Abiraterone and Prednisone

Actual Study Start Date: July 2021

Estimated Primary Completion Date: September 2022

Estimated Study Completion Date: June 2025

ARMS AND INTERVENTIONS

Arm	Intervention/treatment
Experimental: CC-90011 in combination with Abiraterone and Prednisone Oral administration (PO) of CC-90011 monotherapy administered once per week (QW), for 4 weeks. From cycle 2 onwards, all participants will receive 60 mg of CC-90011 PO QW, in combination with 100 mg of abiraterone PO daily, and 5 mg of prednisone PO every 12 hours (10mg QD)	Drug: CC-90011 Capsule Drug: Abiraterone Tablet Drug: Prednisone Tablet

OUTCOME MEASURES

Primary Outcome Measures:
1. Assessment of androgen receptor (AR) level [Time Frame: From Screening to the end of cycle 3 (each cycle is 28 days)]
FDG/FDHT PET imaging will be compared with Screening to Cycle 1 (each cycle is 28 days) and from Cycle 1 to Cycle 3 (Cycle 2-3 is combined therapy period) to assess changes in AR expression.

Secondary Outcome Measures:
1. Safety and tolerability assessed by Adverse events (AEs) [Time Frame: From the time the subject signs the ICF until 90 days (± 3 days) after the last dose of study medication]
All AEs will be monitored and recorded from the time the subject signs the ICF until 90 days (± 3 days) after the last dose of study medication. For SAEs made known to the Investigator at any time thereafter that are suspected of being related to study drug, must be reported. For subjects who have high blood pressure related to abiraterone treatment, blood pressure monitoring every 2 weeks should continue after discontinuation of abiraterone until the blood pressure normalizes or returns to pre-enrollment levels.
2. Safety and tolerability assessed by dose-limiting toxicities (DLTs) [Time Frame: Through study completion, Up to 1.5 years]
DLTs will be assessed using the NCI CTCAE criteria, version 5.0. An event will be considered a DLT if the event is attributed (definitely, probably or possibly) to study treatment during Cycle 2 (4weeks) consistent with CC-90011 in combination with abiraterone and prednisone
3. Assessment of anti-tumor activity [Time Frame: Through study completion, Up to 3 years]
Anti-tumor activity will be assessed based on Prostate Cancer Clinical Trials Working Group (PCWG3) criteria

ELIGIBILITY CRITERIA

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

Sexes Eligible for Study: Male

Accepts Healthy Volunteers: No

Criteria

Inclusion Criteria:
Participant is a male ≥ 18 years of age the time of signing the informed consent form (ICF). Histologically confirmed adenocarcinoma of the prostate.
Surgically or medically castrated, with testosterone levels of < 50 ng/dL (30 days prior to initiation of study treatment.
Documented prostate cancer progression as assessed by the investigator with one of the following:
Prostate-specific antigen (PSA) progression defined by a minimum of 3 rising PSA levels with an interval of ≥1 week between each determination. The PSA value at screening must be ≥1 µg/L (1 ng/mL) if PSA is the only indication of progression; participants on systemic glucorticoids for control of symptoms must have documented PSA progression by PCWG3 criteria while on systemic glucocorticoids prior to commencing Cycle 1 Day 1 treatment. Radiographic progression of soft tissue disease by RECIST 1.1 or bone metastasis with 2 or more documented new bone lesions on a bone scan with or without PSA progression. Participants must have FDHT lesion >2 cm lesion that has an SUVmax of 2.9 or less in bone, or 2.4 or less in soft tissue, or two or more smaller lesions that meet those criteria. Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 at Screening.
Participants must have the following laboratory values:
Absolute neutrophil count (ANC) ≥ 1.5 x 109/L without growth factor support for 7 days (14 days if participant received pegfilgastrim) Hemoglobin (Hgb) ≥ 9 g/dL (≥ 90 g/L or > 5.59 mmol/L) Platelet count (plt) ≥ 100 x 109/L Serum potassium concentration within normal range, or correctable with supplements Serum AST/SGOT and ALT/SGPT ≤ 3.0 x Upper Limit of Normal (ULN) or ≤ 5.0 x ULN if liver metastases are present Serum total bilirubin ≤ 1.5 x ULN (≤ 2 x ULN in case of documentened Gilbert). Participants must have serum albumin ≥ 3.0 g/dL Serum creatinine ≤ 1.5 x ULN, or measured glomerular filtration rate (GFR) ≥ 60 mL/min/1.73m2 using an exogenous filtration marker such as iohexol, inulin, 51Cr EDTA or 125I iothalamate. In cases where the serum creatinine is < 1,5xULN, there is no need to calculate GFR. PT (or INR) and activated partial thromboplastin time (APTT) within normal range (Part A) ≤1.5 ULN Exclusion Criteria:
Participant has received anti-cancer therapy (either approved or investigational) < 4 weeks or 5 half-lives, whichever is shorter, prior to Cycle 1 Day 1. - < 42 days for prior nitrosureas or mitomycin C Toxicities resulting from prior systemic cancer therapies must have resolved to ≤ NCI CTCAE Grade 1 prior to starting CC-90011 treatment (with exception of Grade 2 peripheral neuropathy and alopecia). Previous anaphylactic reaction to either FDHT or FDG. Participant has undergone major surgery ≤ 4 weeks or minor surgery ≤ 2 weeks prior to Cycle 1 Day 1 or who have not recovered from surgery. Participant has completed any radiation treatment < 4 weeks prior to Cycle 1 Day 1 or 25% of myelopoietic bone marrow radiation are not allowed to be enrolled on this study. Participant has persistent diarrhea due to a malabsorptive syndrome (such as celiac sprue or inflammatory bowel disease) ≥ NCI CTCAE Grade 2, despite medical management), or any other significant GI disorder that could affect the absorption of CC-90011. Participant with symptomatic or uncontrolled ulcers (gastric or duodenal), particularly those with a history of and/or risk of perforation and GI tract hemorrhages. Participant with any hemorrhage/bleeding event > CTCAE Grade 2 or haemoptysis > 1 teaspoon within 4 weeks prior to the first dose
Symptomatic and untreated or unstable central nervous system (CNS) metastases.
Participant recently treated with whole brain radiation or stereotactic radiosurgery for CNS metastases must have completed therapy at least 4 weeks prior to Cycle 1, Day 1 and have a follow-up brain computed tomography (CT) or magnetic resonance imaging (MRI) demonstrating either stable or improving metastases 4 or more weeks after completion of radiotherapy (the latter to be obtained as part of the Screening Assessments, refer to Section 6.1) Participant must be asymptomatic and off steroids or on stable dose of steroids for at least 4 weeks (?10 mg/day prednisone equivalent) Participant has known symptomatic acute or chronic pancreatitis. Participant with severe hepatic impairment (Child-Pugh Class C). Medical castration with LHRH analogue is not permitted at any time during treatment with abiraterone and prednisone if not started at least 4 weeks prior to Cycle 2 Day 1.
Participant has impaired cardiac function or clinically significant cardiac diseases, including any of the following:
LVEF < 45% as determined by multiple gated acquisition scan (MUGA) or echocardiogram (ECHO) Complete left bundle branch or bifascicular block Congenital long QT syndrome Persistent or clinically meaningful ventricular arrhythmias or atrial fibrillation. QTcF ≥ 450 msec on Screening ECG (mean of triplicate recordings) Unstable angina pectoris or myocardial infarction ≤ 6 months prior to starting CC-90011 Participant has other clinically significant heart disease such as congestive heart failure requiring treatment or uncontrolled hypertension (blood pressure ? 160/95 mm Hg). Participants who are known to be human immunodeficiency virus (HIV) positive with an acquired immunodeficiency syndrome (AIDS) defining opportunistic infection within the last year, a detectable viral load, or a current CD4 count 500 IU/mL (2500 copies/mL), or active hepatitis C. Inactive hepatitis B surface antigen (HBsAg) carriers, treated and stable hepatitis B (HBV DNA < 500 IU/mL), and cured hepatitis C participants can be enrolled. Participant with ongoing treatment with chronic, therapeutic dosing of anticoagulants (eg, warfarin, low molecular weight heparin, Factor Xa inhibitors, thrombin antagonist). Low dose low molecular weight heparin for catheter maintenance and for short-term prophylaxis for participants with prior pulmonary embolism (PE) and deep vein thrombosis (DVT) are permitted under careful consideration by the Investigator. Participant has a history of concurrent second cancers requiring active, ongoing systemic treatment. Participant has any significant medical condition (eg, active or uncontrolled infection or renal disease), the presence of laboratory abnormalities, or psychiatric illness that would prevent the participant from participating (or compromise compliance) in the study or would place the participant at unacceptable risk if he/she were to participate in the study. Participants with poor bone marrow reserve as assessed by Investigator such as in the following conditions of: Having received extensive bone radiotherapy Having experienced several episodes of bone marrow aplasia in previous treatments Requiring regular hematopoietic support (blood transfusion, erythropoietin, GCSF) Participant has any condition that confounds the ability to interpret data from the study. Participant does not tolerate the study drug components. Previous SARS-CoV-2 infection within 10 days for mild or asymptomatic infections or 20 days for severe/critical illness prior to Cycle 1 Day 1 (C1D1). • Acute symptoms must have resolved and based on investigator assessment in consultation with the Study Sponsor Physician, there are no sequelae that would place the subject at a higher risk of receiving study treatment Previous SARS-CoV-2 vaccine within 7 days of C1D1. For vaccines requiring more than one dose, the full series (e.g. both doses of a two-dose series) should be completed prior to C1D1 when feasible and when a delay in C1D1 would not put the study subject at risk.

CONTACTS AND LOCATIONS

Contacts

Contact: Recruiting sites have contact information. Please contact the sites directly. If there is no contact information, please email: Clinical.Trials@bms.com
Contact: First line of the email MUST contain NCT # and Site #.

Locations

United States, New York	Memorial Sloan-Kettering Cancer Center	New York

Sponsors and Collaborators

Celgene

Investigator

Study Director : Zariana Nikolova, MD, PhD Celgene

MORE INFORMATION

Responsible Party :	Celgene
ClinicalTrials.gov Identifier :	NCT04628988
Other Study ID Numbers :	CC-90011-PCA-001, U1111-1257-9342
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Last Update Posted :	October 26, 2021
Last Verified :	October 2021
Individual Participant Data (IPD) Sharing Statement:	
Plan to Share IPD:	Yes
Plan Description:	Information relating to our policy on data sharing and the process for requesting data can be found at the following link: https://www.celgene.com/research-development/clinical-trials/clinical-trials-data-sharing/
Supporting Materials:	Study Protocol, Statistical Analysis Plan (SAP), Informed Consent Form (ICF), Clinical Study Report (CSR), Analytic Code
Time Frame:	See Plan Description
Access Criteria:	See Plan Description
URL:	https://www.celgene.com/research-development/clinical-trials/clinical-trials-data-sharing/
Studies a U.S. FDA-regulated Drug Product:	Yes
Studies a U.S. FDA-regulated Device Product:	No
Keywords provided by Celgene:	*mCRPC* *AR* *enzalutamide* *abiraterone LSD1* *Prostate Cancer* *CC-90011* *Prednisone*
Additional relevant MeSH terms :	*Prostatic Neoplasms* *Genital Neoplasms, Male* *Urogenital Neoplasms* *Neoplasms by Site* *Neoplasms* *Prostatic Diseases*