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← History of this study

↑ Current version of this study

View of NCT00849654 on 2009 02 23

This study has duplicate: NCT01177878

ClinicalTrials Identifier: NCT00849654 **Updated:** 2009_02_23

Descriptive Information

Brief title Study of the Safety and Tolerability of PCI-32765 in Patients

With Recurrent B Cell Lymphoma

Official title Phase I Dose-Escalation Study of Bruton's Tyrosine Kinase

(Btk) Inhibitor PCI-32765 in Recurrent B Cell Lymphoma

Brief summary

The purpose of this study is to establish the safety and optimal dose of orally

administered PCI-32765 in patients with recurrent B cell lymphoma.

Detailed description

Phase Phase 1

Study type Interventional Study design Treatment

Study design Non-Randomized Study design Open Label

Study design Uncontrolled

Study design Single Group Assignment

Safety Study Study design

Measure: Dose limiting toxicity assessment for each patient. Primary outcome

Time Frame: At the end of the first 35 day cycle

Safety Issue? Yes

Primary outcome Measure: Adverse events

Time Frame: 30 days after last dose of study drug

Safety Issue? Yes

Primary outcome Measure: Pharmacokinetic/ Pharmacodynamic assessments

Time Frame: during Cycle 1

Safety Issue? No

Secondary outcome Measure: Tumor response

Time Frame: at the end of Cycles 2, 4, and 6

Safety Issue? No

Enrollment 36 (Anticipated) Condition **B-Cell Lymphoma**



Condition B-Cell Leukemia

Condition Bruton's Tyrosine Kinase

Arm/Group Arm Label: PCI-32765 Experimental

Intervention Drug: PCI-32765 Arm Label: PCI-32765

PCI-32765 will be administered in 1.25, 2.5, 5.0, 8.3, 12.5, and 17.5 mg/kg/d dose cohorts orally once per day for 28 days followed by a 7 day rest period. Six patients will be enrolled in each dosing cohort. If ≥ 2 DLTs occur in any cohort, the MTD will be established as the previous dosing cohort. If MTD is not reached, dosing levels may be increased beyond 17.5 mg/kg/d by 33% increments. The study will continue until the MTD has been established. Patients who do not experience DLT during Cycle 1 may continue with additional cycles of 28 day PCI-32765 treatment followed by a 7 day rest period for a maximum of

six cycles provided that there is no disease progression or

DLT.

URL http://www.pharmacyclics.com

See also

Recruitment Information

Status Recruiting Start date 2009-02

Primary completion

date

2010-02 (Anticipated)

Criteria

Inclusion Criteria:

- Women and men ≥ 18 years of age. There is no experience with this drug in a pediatric population.
- Body weight ≥ 40 kg.
- Recurrent surface immunoglobulin positive B cell non-Hodgkin's lymphoma (according to WHO classification) including small lymphocytic lymphoma/chronic lymphocytic leukemia (SLL/CLL).
- Bi-dimensional measurable disease (≥ 2 cm diameter or for CLL ≥ 4000 leukemia cells/mm3).
- Have failed ≥ 1 previous treatment for lymphoma and no standard therapy is available. Patients with diffuse large B cell lymphoma must have failed, refused or be ineligible for autologous stem cell transplant.
- ECOG performance status of ≤ 1.
- Ability to swallow oral capsules without difficulty.
- Willing and able to sign a written informed consent.

Exclusion Criteria:

- More than four prior systemic therapies (not counting maintenance rituximab).



Salvage therapy/conditioning regimen leading up to autologous bone marrow transplantation is considered to be one regimen.

- Prior allogeneic bone marrow transplant.
- Immunotherapy, chemotherapy, radiotherapy or experimental therapy within 4 weeks before first day of study drug dosing.
- Major surgery within 4 weeks before first day of study drug dosing.
- CNS involvement by lymphoma.
- Active opportunistic infection or treatment for opportunistic infection within 4 weeks before first day of study drug dosing.
- History of malabsorption.
- · Laboratory abnormalities:
- Creatinine > 1.5 × institutional upper limit of normal (ULN)
- Total bilirubin > 1.5 x institutional ULN (unless elevated from documented Gilbert's syndrome)
- AST or ALT > 2.5 × institutional ULN
- Platelet count < 75,000/µL
- Absolute neutrophil count (ANC) < 1500/μL.
- Uncontrolled illness including but not limited to: ongoing or active infection, symptomatic congestive heart failure (New York Heart Association Class III or IV heart failure), unstable angina pectoris, cardiac arrhythmia, and psychiatric illness that would limit compliance with study requirements.
- Risk factors for, or use of medications known to prolong QTc interval or that may be associated with Torsades de Pointes within 7 days of treatment start (see Appendix C).
- QTc prolongation (defined as a QTc ≥ 450 msecs) or other significant ECG abnormalities including 2nd degree AV block type II, 3rd degree AV block, or bradycardia (ventricular rate less than 50 beats/min). If the screening ECG has a QTc ≥ 450 msecs, the ECG can be submitted for a centralized, cardiologic evaluation.
- History of myocardial infarction, acute coronary syndromes (including unstable angina), coronary angioplasty and/or stenting within the past 6 months.
- Known HIV infection.
- Other medical or psychiatric illness or organ dysfunction which, in the opinion of the investigator, would either compromise the patient's safety or interfere with the evaluation of the safety of the study agent.
- Pregnant or lactating women (female patients of child-bearing potential must have a negative serum pregnancy test within 14 days of first day of drug dosing, or, if positive, a pregnancy ruled out by ultrasound).
- Women of child-bearing potential or sexually active men, unwilling to use adequate contraceptive protection during the course of the study.
- History of prior cancer < 5 years ago, except for basal cell or squamous cell carcinoma of the skin, cervical cancer in situ or other in situ carcinomas.

Gender Both

Minimum age 18 Years

Healthy volunteers No

Administrative Data

Organization name Pharmacyclics



Organization study ID PCYC-04753
Sponsor Pharmacyclics

Health Authority United States: Food and Drug Administration

