

PI: Prof C Harrison



Receiving vaccination against SARS-Cov-2

# Myeloproliferative Neoplasm (MPN) Clinical Trials Portfolio





Clinical Research Network South London

THIS I CAMACION IT USE				
SRA-MMB-301	A phase III, randomised, open-label, Multicenter International Trial comparing ruxolitinib with either HydRoxycarbamIDe or interferon Alpha as first line Therapy for high risk polycythaemia vera.    Fligibility criteria:-	BLU-285-2203 (Interventional) Systemic mastocytosis PI: Dr Deepti Radia	A 3-Part, Randomized, Double-Blind, Placebo-Controlled Phase 2 Study to Evaluate Safety and Efficacy of Avapritinib (BLU-285), a Selective KIT Mutation-Targeted Tyrosine Kinase Inhibitor, in Indolent and Smoldering Systemic Mastocytosis with Symptoms Inadequately Controlled with Standard Therapy.  Eligibility criteria:- Age 18 or over and have an ECOG performance status of 0 to 2. Patient must have SH. Patient must have moderate to severe symptoms. Patient must have failed to achieve symptom control for 1 or more baseline symptoms measured by ISH-SAF.	
		KRT-232-101 (Interventional- All cohorts open) MPN PI: Dr Donal Mclornan	An Open-Label, Phase 2a/2b Study of KRT-232 in Subjects With Primary Myelofibrosis (PMF), Post—Polycythemia Vera MF (Post—PV-MF), Or Post—Essential Thrombocythemia MF (Post—ET-MF) Who Have Failed Ruxolitinib  Eligibility criteria:-Age 18 or over and have an ECOG performance status of 0 to 2. Palpable splenomegaly at least 5cm below left costal margin. Confirmed diagnosis of PMF, Post—PV-MF or Post-ET-MF. High—risk intermediate-2 risk, or intermediate-1 risk. Adequate haematological hepatic and renal organ function (within 14 days prior to the first dose of KRT-232)  A Phase 1/2 Study of CPI-0610, a Small Molecule Inhibitor of BET	
				Study. (Interventional) Myelofibrosis PI:Dr Donal McIornan
Immunological Effects of Covid- 19 Infection and Response to Vaccination		more than 24 weeks.  Immunological Effects of Covid-19 Infection and Response to Vaccination in Patients with Haematological Malignancy  Eligibility criteria:- Previous confirmed Covid-19 infection at a minimum of 4 weeks after resolution of symptoms or from the time of last positive nasopharyngeal PCR swab if asymptomatic or SARS-CoV-2 IgG antibody positive or	E-MPN (Observational) MPN PI: Prof C Harrison	European Myeloproliferative Neoplasms Network (E-MPN)  Eligibility criteria:- Patients with diagnosis of BCR-ABL1-negative  MPN (i.e., ET, PV, PMF, pre-MF, PPV-M, PET-MF) OR diagnosis of secondary accelerated phase or acute leukaemia after MPN.  Newly diagnosed at time of registry entry OR diagnosed since 01- Jan-2009 and still alive at time of registry entry.  Patients at the age of 18 years or older.





# Myeloproliferative Neoplasm (MPN) Clinical Trials Portfolio





Clinical Research Network

#### **Recruiting MPN trials Cont.**

dosing.

**UK ALL 14.** 

#### Pharmacokinetics and Pharmacodynamics of IMG-7289 in Patients with Myelofibrosis. *Eligibility Criteria:*- Age 18 or over and have an ECOG performance Imago-7289score of 2 or less. Diagnosis of either primary myelofibrosis (PMF) per CTP-102 World Health Organization criteria, post-polycythaemia vera myelofibrosis (PPV-MF), or post-essential thrombocythaemia (Interventional myelofibrosis (PET-MF) and meet the following additional criteria: a. Classified as high risk (3 prognostic factors) OR intermediate risk-2 (2 PI Prof C prognostic factors): i. Age > 65 years ;ii. Presence of constitutional Harrison symptoms (weight loss, fever, night sweats);iii. Marked anaemia (Hgb < 10g/dL)\*; iv. History of leukocytosis [WBC > 25 x109/L (25,000/ $\mu$ L)]; v. Circulating blasts > 1%. Be refractory or resistant to, or intolerant of available approved therapy, or in the Investigator's judgment, are not candidates for

A Multi-Center, Open Label Study to Assess the Safety, Steady-State

### Celgene FEDR-MF-002 'Freedom-2' (Interventional )

Harrison

Eligibility Criteria:- Age 18 or over and have an ECOG performance status of 0,1 or 2. Diagnosis of primary myelofibrosis (PMF) according to the 2016 World Health Organisation WHO criteria.. Subject has a DIPSS Risk score of intermediate or high. Subject has a measurable splenomegaly during the screening period. Subject must have been previously exposed to ruxolitinib.

A cohort study to establish the prevalence of mutations in patients

With CML who meet the ELN Criteria for warning or failure and

available approved therapy, Peripheral blast count ≤10% prior to

the Efficacy and Safety of Fedratinib Compared to Best Available

Therapy in Subjects with DIPPS-Intermediate or High-risk Primary

Thrombocythemia Myelofibrosis and Previously Treated with

Ruxolitinib. The "FREEDOM 2" trial.

Myelofibrosis, Post-Polycythemia Vera Myelofibrosis or Post-Essential

A Phase III, Multicenter, Open-Label, Randomized Study to Evaluate

# CALLS Study (Noninterventional)

PI: Dr Deepti

Radia

sequencing. *Eligibility Criteria:*-Age 18 or over, subject has CML (in all phases of disease) or Ph+ ALL with detectable BCR-ABL levels. Patients with CML will be on their first or subsequent TKI and will have met the ELN 2013 criteria for warning or failure. Patients with Ph+ ALL will be on their first or subsequent TKI and are not currently enrolled in

patients with Ph+ ALL with detectable BCR-ABL currently being treated

with first or subsequent TKI therapy in the UK using next-generation

#### **Recruiting MPN trials Cont.**

#### Navitoclax (M16-109) Refine (Interventional) Myelofibrosis

PI: Prof C Harrison

A Phase 2 Single-Arm, Open-Label Study Evaluating Tolerability and Efficacy of Navitoclax in Combination with Ruxolitinib in Subjects with Myelofibrosis *Eliqibility Criteria*: Age 18 or over, subject with documented diagnosis of

PMF, PPVMF, PETMF as defined by World Health Organization (WHO) classification, Subjects classified as intermediate-2 or high-risk MF, as defined by Dynamic International Prognostic Scoring System (DIPSS), subject ineligible or unwilling to undergo stem cell transplant at time of study entry, ECOG 0, 1 or 2.

#### **MPN Trials on hold**

#### ACE-536-MF-001 (Interventional) Myelofibrosis

PI Prof C Harrison

Safety of Luspatercept (ACE-536) in Subjects with Myeloproliferative Neoplasm-Associated Myelofibrosis and Anaemia with and without Red Blood Cell-Transfusion Dependence **Cohort 3B ONLY** - subjects on ruxolitinib as part of their standard-of

Phase 2, Multicenter, Open-Label Study to Evaluate the Efficacy and

care therapy and transfusion dependant

Eligibility Criteria: -Age 18 or over, subject has MPN-associated myelofibrosis, subject has anaemia and an ECOG performance score ≤2. Includes patients currently on ruxolitinib, but may also not be on the drug

## CINC424H12201 The "Adore" Study. (Interventional)

Myelofibrosis PI: Prof C Harrison evaluating safety and efficacy of novel ruxolitinib combinations in myelofibrosis patients.

Eligibility criteria:- Age 18 or over and have an ECOG performance status of 0 to 2,Subjects have diagnosis of PMF according to the 2016

(IWG-MRT) 2007 criteria.

A randomized, open-label, phase I/II open platform study

Patients must have a palpable spleen of at least 5 cm or enlarged spleen volume of at least 450 cm3 per MRI or CT scan at Baseline and must have been treated with ruxolitinib for at least 24 weeks prior to first dose of study treatment. Hemoglobin < 10 g/dL,

(WHO) criteria, or diagnosis of PETMF or PPVMF according to the

Absolute neutrophil count (ANC)  $\geq$  1000/µL. Part 1: Platelet counts  $\geq$  75 000/µL; Part 2 and Part 3: Platelet counts  $\geq$  50 000/µL; Part 2 and Part 3: Subjects who do not require packed red blood cells (PRBC) transfusion at screening and will not require any PRBC transfusions within 4 weeks prior to first dose of study treatment.





as Intermediate-2 or high risk MF defined by DIPSS+. Must not have received prior treatment with a JAK2 inhibitor, BH3-mimetic compound or

bromodomain and extra-terminal motif (BET) inhibitor. Splenomegaly.

Ineligible for SCT. Must not have received splenic irradiation within 6m prior. Must not have leukemic transformation, ECOG PS of 0, 1 or 2

## **Myeloproliferative Neoplasm (MPN) Clinical Trials Portfolio**





Clinical Research Network

Email: deepti.radia@gstt.nhs.uk/ Tel: 0207-1883423

Email: HaematologyResearchTeam@gstt.nhs.uk

Email: donal.mclornan@nhs.net

				South London	
PACIFICA (PAC303) (Interventional) Myelofibrosis PI: Dr D McLornan	A Randomized, Controlled Phase 3 Study of Pacritinib Versus Physician's Choice in Patients with Primary Myelofibrosis, Post Polycythemia Vera Myelofibrosis, or Post Essential Thrombocythemia Myelofibrosis with Severe Thrombocytopenia (PLT <50,000/µL)  Eligibility Criteria: - age ≥18 years, diagnosis of PMF, PPVMF or PETMF, PLT count of <50,000/µL at screening, DIPSS Intermediate-1, Intermediate-2 or High Risk, Palpable Splenomegaly ≥5cm below LCM, TSS of ≥10 on MPN SAF 2.0 or a single symptom score of >5 or two symptoms of ≥3, including only LUQ pain, bone pain, itching or night sweats. ECOG performance status 0-2. Peripheral blast count of <10%, Absolute neutrophil count ≥500/µL. Left Ventricular cardiac ejection fraction of ≥50%, Adequate liver and renal function, Adequate coagulation. If fertile, willing to use effective birth control methods during the study. Willing to undergo and tolerate frequent MRI and CT scans. Able to understand and	BLU-285-2405 (Observational study). PI: Dr D Radia	Full Title: An External Control, Observational, Retrospective Study Assessing the Effect of Avapritinib Compared with Best Available Therapy for Patients with Advanced Systemic Mastocytosis Eligibility Criteria:- Diagnosed with AdvSM, with known subtype including SM-AHN, ASM, or MCL1 and Received at least one line of systemic therapy for AdvSM. Adult (≥18 years of age) at the initiation of first systemic line of therapy at the participating site, which must be on or after January 1, 2009. Had available performance status (e.g., ECOG score or Karnofsky score), Had an index date at least 3 months prior to the start of data collection		
		INForMeD (Observational) PI Prof C Harrison	An observational and biological research study to investigate the genetic and cellular basis of sporadic and familial myeloid disorders. <i>Eligibility Criteria:</i> - Age 2 or over, patients under investigation for or diagnosed with a myeloid or related disorder, patient willing to give consent to the study		
IMAGO 201 (IMG-7289-CTP-	CTP- lonal)  Eligibility Criteria-Age 18 years or older. Diagnosis of ET per WHO diagnostic criteria. Patients who have failed at leats one standard therapy.  Requires treatment in order to lower platelet counts. Platelet count >450 pre dose Day 1, Peripheral blast count <1% pre dose Day1, ANC > 0.5 predose Day. Fibrosis Score < grade 2. Life Expectancy > 36 weeks, able to	MOSAICC (Observational) MPN PI Prof C	MyelOproliferative neoplasmS: An In-depth Case Control <i>Eligibility Criteria:</i> - Clinically confirmed MPN diagnosis (PV, ET or PMF. Diagnosed within the previous 24 months. Age 18 years or older. Physically and cognitively capable of completing the questionnaire as determined by the treating clinician.		
201) (Interventional) ET PI: Prof C Harrison		Transform 2 (M20-178) (Interventional) Myelofibrosis	Safety of Nav Available The Eligibility Cri or PETMF. EC risk MF defin	Randomized, Open-Label, Phase 3 Study valuating Efficacy and fety of Navitoclax in Combination with Ruxolitinib versus Best ailable Therapy in Subjects with Relapsed/Refractory MF <i>gibility Criteria</i> -Age 18 years or older. Diagnosis of PMF, PPVMF PETMF. ECOG PS 0, 1, or 2. Classified as intermediate-2 or high-k MF defined by DIPSS. Must have received prior treatment with inches IAM2 inhibitors and most one of the following (in addition to	
Transform 1 (M16- 191)	A Randomized, Double-Blind, Placebo Controlled, Phase 3 Study of Navitoclax in Combination with Ruxolitinib versus Ruxolitinib Alone in Subjects with MF  Eligibility Criteria-Age 18 years or older. Adequate bone marrow reserve; in the absence of growth factors, thrombopoietic factors or platelet transfusions for at least 14 days prior to Week 1. Platelet Count >100, Absolute neutrophil count >1. Renal function: calculated creatinine	CI: Prof C Harrison	a single JAK2 inhibitor and meet one of the following (in addition to minimum splenomegaly and symptom burden):  -Prior treatment with JAK2 inhibitor for ≥24 weeks stopped due to lack of spleen response (refractory), or loss of spleen response or symptom control after prev response (relapsed)  -Prior treatment with JAK2 inhibitor for ≥24 weeks with documented disease progression		
(Interventional) Myelofibrosis	clearance ≥30. Hepatic function and enzymes: AST and ALT ≤3.0 ULN;  Total bilirubin ≤1.5 x ULN (exception Gilbert's Syndrome); Coagulation:	Haematology Research contact details			
PI: Dr D McLornan	aPTT and INR <1.5 x ULN. Documented diagnosis of PMF or SMF. Classified	Professor Claire Harrison Email: <a href="mailto:claire.harrison@gstt.nhs.uk/">claire.harrison@gstt.nhs.uk/</a> Tel: 0207 1882742			

Dr Deepti Radia

Dr Donal McIornan

General enquiries