KURZPROTOKOLL
GBR 1302

Öffentlicher Titel	First-in-man Studie zum bispezifischen Antikörper GBR 1302 in ERBB2-positiven Tumoren
Wissenschaftl. Titel	A Phase 1, first-in-man, multicenter, open-label, dose-escalation study of single-agent GBR 1302 in subjects with HER2 positive cancers
Kurztitel	GBR 1302
Studienart	multizentrisch, prospektiv, Therapiestudie, offen/unverblindet, einarmig, Pharma-Studie
Studienphase	Phase I

Einschlusskriterien

- Signed written informed consent that is consistent with ICH-GCP guidelines and local legislation.
- Progressive HER2-positive solid tumor (immunohistochemistry [IHC] positive) which has been treated with all therapy (including HER2 therapy, for those patients with ASCO/CAP defined HER2+ tumors) known to confer clinical benefit.
- Measurable disease as per Response Evaluation Criteria in Solid Tumors (RECIST) version 1.1.
- Aged 18 years or older.
- Eastern Cooperative Oncology Group (ECOG) performance score of 0-2.
- Recovered from any previous surgery and no history of major surgery within the last 28 days prior to start of study medication in the opinion of the Investigator.
- Absolute neutrophil count >= 1500/L.
- Platelets >=75000/L.
- Total bilirubin <= 1.5 x institution ULN; (< 3xULN is acceptable for subjects with benign conditions like Gilbert's Syndrome).
- AST and ALT <= 3.0 x institution ULN (in case of known liver metastases: AST and ALT <= 5x ULN).
- Creatinine <=1.5 x institution ULN.
- Each woman of childbearing potential must have a negative serum pregnancy test result within 7 days prior to first dosing. She must use a highly effective form of contraception (with pearl index < 1%) e.g. double barrier method, for 3 months prior to enrollment, for the duration of the study and for at least 3 months after the last dose of study medication. Methods like periodic abstinence, post ovulation procedures and withdrawal are not considered adequate. Each woman will be considered to have childbearing potential unless she has been surgically sterilized by hysterectomy, or bilateral tubal ligation/salpingectomy or has been post-menopausal for at least two years
- Men with partners of childbearing potential must be willing to use condoms in combination with a second effective method of contraception during the study and for at least 3 months after the last dose of study medication. Each man will be considered as potent unless surgically sterilized (with appropriate post-vasectomy documentation of the absence of sperm in the ejaculate).
- Subjects who will enter Cohort 1 or 2 need a pre-existing, functioning, central venous access in place for the administration of the study drug.

Ausschlusskriterien

- Active infectious disease considered by the Investigator to be incompatible with the protocol.
- Serious illness or concomitant non-oncological disease considered by the Investigator to be incompatible with the protocol.
- Patients not recovered from any therapy-related toxicities from previous chemo-, hormone-, immuno-, molecular-targeted, or radiotherapies to at least CTCAE Grade 1 except in case of liver metastases or Gilbert's Syndrome or alopecia.
- Brain metastases that are symptomatic or untreated or that require current therapy.

- Previous treatment with immunotherapy within 8 weeks of starting study medication, chemotherapy, radiotherapy, molecular-targeted therapy, or biological therapies (including HER2-directed therapies) within 4 weeks of starting study medication, or hormone therapy within 2 weeks of starting study medication.
- Use of any investigational drug within the past 4 weeks before start of study medication or concomitantly with this study except for investigational immune-stimulatory therapy (e.g. checkpoint-regulator targeted treatment). The minimum washout period should be 8 weeks before starting the study medication.
- Any history or evidence of clinically significant cardiovascular disease defined as at least one of following criteria: a) Baseline Left Ventricular Ejection Fraction (LVEF) < 50% or major wall dyskinesias via echocardiography (ECHO); b) History or evidence of poorly controlled arterial hypertension (systolic blood pressure > 180 mmHg or diastolic blood pressure >100 mmHg); c) Cardiac arrhythmias requiring anti-arrhythmic therapy, except for beta blockers, calcium antagonists and digoxin; d) Clinically significant valvular heart disease; e) Myocardial infarction or instable angina pectoris within the previous 6 months; f) Documented history of congestive heart failure (CHF) of any New York Heart Association (NYHA) criteria; g) History of exposure to the cumulative doses of anthracyclines as follows: prior anthracycline cumulative exposure > 360 mg/m^2 of doxorubicin or its equivalent.
- Severe dyspnea, pulmonary dysfunction, or need for continuous supportive oxygen inhalation.
- Unable to comply with the protocol.
- Active alcohol abuse, or active drug abuse, or any social behaviors and conditions not likely to be compatible with adherence to the study requirements (at the discretion of the Investigator).
- Pregnant or breast feeding.
- Diagnosed with another malignancy that requires active therapy.
- Known allergy to any of the ingredients in the formulation or known allergy to any related class of compounds.
- Employed by the Sponsor/ Contract Research organization (CRO) conducting this study, personnel of the study site or been placed in an institution by regulatory or legal ordinance.
- Any other reason that, in the investigator’s opinion, prohibits the inclusion of the subject into the study.

Alter	18 Jahre und älter
Molekularer Marker	HER2/neu pos.
Status	Geschlossen
Prüfzentren	**Krankenhaus Nordwest GmbH** Institut für klinisch-onkologische Forschung Steinbacher Hohl 2-26 60488 Frankfurt am Main Prof. Dr. med. Salah-Eddin Al-Batran Tel: 069 7601 4420 albatran@khnw.de
Sponsor	Glenmark Pharmaceuticals S.A.
Registrierung in anderen Studienregistern	ClinicalTrials.gov NCT02829372 EudraCT 2015-002926-38