Study of Lutetium (177Lu) Vipivotide Tetraxetan in mCRPC Participants With Moderately and Severely Impaired and With Normal Renal Function

Last Update: Apr 18, 2025

An Open-label Dosimetry, Biodistribution, Tolerability and Safety Study of Lutetium (177Lu) Vipivotide Tetraxetan in Participants With Progressive PSMA-Positive Metastatic Castration-Resistant Prostate Cancer (mCRPC) With Moderately and Severely Impaired and With Normal Renal Function.

ClinicalTrials.gov Identifier:
NCT06004661

Novartis Reference Number:CAAA617A12202

See if you Pre-qualify

All compounds are either investigational or being studied for (a) new use(s). Efficacy and safety have not been established. There is no guarantee that they will become commercially available for the use(s) under investigation.

Study Description

This study will address health authorities' requests to determine whether moderate and severe renal impairment have an impact on the biodistribution, dosimetry and safety of lutetium (177Lu) vipivotide tetraxetan (AAA617) administered to participants with progressive PSMA-positive metastatic castration-resistant prostate cancer. The study will also characterize the risk of QT prolongation of AAA617 in this participant population. This open-label, non-randomized, multicenter, single arm phase II study in mCRPC participants aims to better characterize the safety and tolerability of AAA617 in participants with moderate and severe renal impairment compared with normal renal function. Since both severe and moderate renal impairment have very low incidence within mCRPC participant population compared to participants with normal renal function, the enrollment will occur in parallel for the 3 cohorts; participants will be stratified in one of the three cohorts (A:normal, B: moderate or C: severe) based on their eGFR at screening.

All participants will undergo a 68Ga-PSMA-11 PET/CT scan at screening to confirm PSMA positivity.

Participants will receive a dose of 7.4 GBq (±10%) of AAA617 once every 6 weeks for a planned 6 cycles for cohorts A and B and for 3 cycles (and 3 additional cycles) for cohort C.

After treatment period, participants will be asked to join a long term follow up (LTFU) study to monitor their safety up to 10 years after the 1st dose of AAA617. In case of the LTFU study is not available at the time of end of treatment period (safety follow-up visit), participants will continue in Long Term Follow-up period in this study for up to one year until they can roll over into the separate LTFU study.

The primary outcome will be to determine the effect of radiation absorption in kidney and other organs at risk as well as the concentration in blood and radioactivity in urine in PSMA- positive mCRPC participants with moderate and severe renal impairment. In addition, the study will assess the relationship between drug concentrations and QTcF.

20 participants with 6 countries are expected to be included with at least 6 evaluable participantts per cohort.

Condition
Metastatic Castration-Resistant Prostate Cancer (mCRPC)
Phase
Phase2
Overall Status
Recruiting
Number of Participants
20
Start Date
Apr 04, 2024
Completion Date
Oct 01, 2026
Gender
Male
Age(s)
18 Years - 100 Years (Adult, Older Adult)

Interventions

Drug

68Ga-PSMA-11

Single intravenous dose of approximately 150 MBq
Drug

AAA617

Administered intravenously once every cycles (1 cycle = 6 weeks)

Eligibility Criteria

Key Inclusion Criteria:

1. An Eastern Cooperative Oncology Group (ECOG) performance status of 0 to 2
2. 68Ga-PSMA-11 Positron emission tomography (PET)/CT scan positive, and eligible as determined by the sponsor's central reader.
3. A castrate level of serum/plasma testosterone (\< 50 ng/dL or \< 1.7 nmol/L).
4. Documented progressive mCRPC will be based on at least 1 of the following criteria:

* Serum/plasma Prostate-Specific Antigen (PSA) progression defined as 2 consecutive increases in PSA over a previous reference value measured at least 1 week prior. The minimal start value is 2.0 ng/mL
* Soft-tissue progression defined as an increase \>= 20% in the sum of the diameter (SOD) (short axis for nodal lesions and long axis for non-nodal lesions) of all target lesions based on the smallest SOD since treatment started or the appearance of one or more new lesions.
* Progression of bone disease: evaluable disease or new bone lesions(s) by bone scan (2+2 PCWG3 criteria)
5. Documented stable renal disease without evidence of renal progressive disease (stable renal disease is

defined as no significant change, such as a stable eGFR, within 4 weeks prior to study entry)
6. Kidney function based on eGFR by Modification of Diet in Renal Disease (MDRD) equation:

* Normal renal function: participants with eGFR \>= 90 mL/min
* Moderate renal impairment: participants with eGFR \>= 30 to =\< 59 mL/min
* Severe renal impairment: participants with eGFR \>= 15 to =\< 29 mL/min

Key Exclusion Criteria:

1. Previous treatment with PSMA-targeted radioligand therapy.
2. Previous treatment with any of the following within 6 months of enrollment confirmation: Strontium-89, Samarium-153, Rhenium-186, Rhenium-188, Radium-223 or hemi-body irradiation.
3. Use of agents known to prolong the QT interval from start of screening to end of Cycle 1, unless they can be permanently discontinued for the duration of study.
4. Current severe urinary incontinence, hydronephrosis, severe voiding dysfunction, any level of urinary obstruction requiring indwelling/condom catheters. Participants with postrenal impairment, like obstructions, retroperitoneal fibrosis (eg after prostectomy) must be excluded or first resolved to ≤ Grade 1.
5. History or current diagnosis of ECG abnormalities indicating significant risk of safety for participants participating in the study such as:

* Concomitant clinically significant cardiac arrhythmias, e.g. sustained ventricular tachycardia, and clinically significant second- or third-degree AV block without a pacemaker.
* History of familial long QT syndrome or known family history of Torsades de Pointe.
* Resting heart rate (physical exam or 12 lead ECG) \<60 bpm

Other protocol-defined inclusion/exclusion criteria may apply.

France

Novartis Investigative Site

Recruiting

Paris,75014,France

Novartis Investigative Site

Recruiting

Vandoeuvre Les Nancy,54511,France

Germany

Novartis Investigative Site

Recruiting

Essen,45147,Germany

Novartis Investigative Site

Recruiting

Muenchen,80377,Germany

Italy

Novartis Investigative Site

Recruiting

Milano,MI,20141,Italy

Novartis Investigative Site

Recruiting

Napoli,80131,Italy

Spain

Novartis Investigative Site

Recruiting

Granada,Andalucia,18014,Spain

Novartis Investigative Site

Recruiting

El Palmar,Murcia,30120,Spain

United States

Mount Sinai Hosp School of Med

Recruiting

New York,New York,10029,United States

Nasrin Ghesani

Dylan Magistro

Phone: 212-241-6500
Email: dylan.magistro@mountsinai.org

Worldwide Contacts

If the location of your choosing does not feature any contact detail, please reach out using the information below.

Novartis Pharmaceuticals

Phone: +41613241111

Email: novartis.email@novartis.com

Novartis Pharmaceuticals

Phone: 1-888-669-6682
Email: novartis.email@novartis.com

Source URL: *https://prod1.novartis.com/clinicaltrials/study/nct06004661*

List of links present in page

1. https://clinicaltrials.gov/ct2/show/NCT06004661
2. #trial-eligibility
3. tel:212-241-6500
4. mailto:dylan.magistro@mountsinai.org
5. tel:+41613241111
6. mailto:novartis.email@novartis.com
7. tel:1-888-669-6682
8. mailto:novartis.email@novartis.com