DREAMM 7: A Multicenter, Open-Label, Randomized Phase III Study to Evaluate the Efficacy and Safety of the Combination of Belantamab Mafodotin, Bortezomib, and Dexamethasone (B-Vd) Compared with the Combination of Daratumumab, Bortezomib and Dexamethasone (D-Vd) in Participants with Relapsed/Refractory Multiple Myeloma (study 207503, DREAMM 7)

Published: 04-03-2020
Last updated: 07-09-2024

This study has been transitioned to CTIS with ID 2023-510537-28-00 check the CTIS register for the current data. Primary:To compare the efficacy of BM in combination with BOR/DEX with that of daratumumab in combination with BOR/DEX in participants...

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Haematopoietic neoplasms (excl leukaemias and lymphomas)
Study type	Interventional

Summary

ID

NL-OMON52567

Source
ToetsingOnline

Brief title
DREAMM-7

Condition

- Haematopoietic neoplasms (excl leukaemias and lymphomas)

Synonym
Kahler, multiple myeloma

Research involving
Human

Sponsors and support

Primary sponsor: GlaxoSmithKline
Source(s) of monetary or material Support: GlaxoSmithKline BV

Intervention

Keyword: belantamab mafodotin / daratumumab, bortezomib, dexamethason, multiple myeloma

Outcome measures

Primary outcome

PFS.

Secondary outcome

Response : rate (complete, overall), duration, time to. Time to progression.

Clinical Benefit Rate (CBR). Survival: overall, progression free 2. . Minimal

residual disease. Adverse events, incl. ocular findings. Anti-drug antibodies.

Questionnaires: PRO-CTCAE, EORTC QLQ-C30 and EORTC IL52 (disease symptoms

domain from the EORTC QLQ-MY20).

Study description

Background summary

In relapsed or refractory multiple myeloma (RRMM), combination therapies utilizing agents with differing modes of action have dramatically improved

outcomes. Combining active agents with bortezomib/dexamethasone (BOR/DEX) treatment can yield improved patient outcomes with acceptable toxicity profiles, establishing new global standard of care (SoC) regimens. The approval of the anti-CD38 antibody daratumumab has demonstrated that the addition of a targeted monoclonal antibody, with activity as a monotherapy, to BOR/DEX can result in significant improvements in progression-free survival (PFS) in patients with RRMM, and the combination of daratumumab with BOR/DEX is currently a widely accepted SoC for MM patients who have received at least one prior line of therapy.
Belantamab mafodotin (BM) has demonstrated strong single-agent activity in RRMM in the First-Time-in-Human (FTIH) study. As of 31 August 2018, the Overall Response Rate in 35 participants treated at the recommended Phase 2 dose of 3.4 mg/kg was 60.0% (95% CI: 42.1, 76.1) and the median PFS was 12.0 months (95% CI: 3.1, NR) in a heavily pre-treated population (57% >=5 prior lines of therapy). In participants refractory to both immunomodulators and proteasome inhibitors (n=32/35), the ORR was 56% (95% CI: 37.7, 73.6).
In the FTIH study, the maximum clinical benefit was observed at the 3.4 mg/kg dose level, but a significant number of participants required dose delays and dose reductions to manage adverse events. In a phase II study, BM was further evaluated as monotherapy in RRMM patients at the dose of 2.5 mg/kg and 3.4 mg/kg Q3W. Both dose levels have a positive benefit/risk profile. Overall, there were no new safety signals identified in this phase II study. The dose of 2.5 mg/kg appears to have a lower incidence of adverse events and less dose delays and reductions. It results in similar efficacy. The dose of 2.5 mg/kg Q3W has been further evaluated in combination with bortezomib and dexamethasone and based on the safety evaluation, this dose has been selected for this study.
It is hypothesized that the combination of BM and BOR/DEX will lead to greater patient benefit, as measured by PFS, compared to the SoC combination of daratumumab and BOR/DEX. While there are some potential overlaps in the pattern of identified toxicities between BM and BOR/DEX (primarily hematologic), they are expected to be manageable.

Study objective

This study has been transitioned to CTIS with ID 2023-510537-28-00 check the CTIS register for the current data.

Primary:
To compare the efficacy of BM in combination with BOR/DEX with that of daratumumab in combination with BOR/DEX in participants with RRMM
Secondary:
Other efficacy outcomes. Safety and tolerability. PK. Anti-drug antibodies. Questionnaires (symptoms, quality of life).

Study design

Multicenter Phase III, randomized (1:1), open-label study evaluating the efficacy and safety of the combination of BM and BOR/DEX versus the combination of daratumumab and BOR/DEX in participants with RRMM.
Treatment cycles of 3 weeks (daratumumab after cycle 8: 4 weeks). I.V. administration BM, daratumumab. S.C. administration of bortezomib.
Treatment until disease progression or unacceptable toxicity.
Approx. 600 participants.

Intervention

Treatment with BM in combination with BOR/DEX or daratumumab in combination with BOR/DEX.

Study burden and risks

Risk: Adverse events of the study medication.
Burden:
• Visits cycle 1-8 (4 to 5 times per cycle). Cycle 9+: once per cycle.
• Every 3 weeks an infusion with BM (I.V. infusion 250 mL in 30 minutes) or every 3-4 weeks an infusion with daratumumab (I.V. infusion 500-1.000 mL in approx. 5 hours).
• Physical examination: every cycle.
• Blood draws: every visit. 5-50 mL blood per occasion.
• ECG: once.
• Eye examination: cycle 1-4 and every 6 months thereafter.
• X-rays, CT/MRI scan: twice (to be repeated upon indication).
• BM aspirate/core biopsy: at screening and disease progression if not otherwise demonstrable. After VGPR or CR every 6 months until CR/PD or PD resp.
• Questionnaires at screening, start, during treatment.
Optional:
• Blood sample for pharmacogenetics (6 mL).
• BM aspirate/core biopsy: once.

Contacts

Public
GlaxoSmithKline

Van Asch van Wijckstraat 55H
Amersfoort 3811 LP
NL
Scientific
GlaxoSmithKline

Van Asch van Wijckstraat 55H
Amersfoort 3811 LP
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

• Males and females, age 18 years and above.
• Confirmed multiple myeloma (MM).
• Treated with at least 1 prior line of prior MM therapy and must have documented disease progression during or after their most recent therapy.
• ECOG performance status 0-2.
• Possible eligibility in case of prior autologous stem cell transplant: see protocol chapter 5.1, item 6 for details.
• Measurable disease. For further details: see protocol section 5.1, item 7.
• Adequate organ function. For further details: see protocol section 5.1, item 9.
• Males must agree to follow a required contraceptive method from the time of first dose of study until 6 months after the last dose of BM and 4 months from the last dose of bortezomib. For further details: see protocol section 5.1, item 11.
• Not pregnant or breastfeeding females and females of non-reproductive potential or reproductive potential and agrees to follow a required contraceptive method during the study and for 9 months after the last dose of belantamab mafodotin and 7 months from the last dose of bortezomib. For further details: see protocol section 5.1, item 9.

Exclusion criteria

• Intolerant or refractory to daratumumab or bortezomib. See protocol chapter

5.2, item 1-3 for details.
• Prior treatment with anti-BCMA therapy.
• Prior treatment with a monoclonal antibody within 30 days of receiving the first dose of study medication. See protocol chapter 5.2, item 6 for details.
• Plasmapheresis within 7 days prior to the first dose of study drug.
• Radiotherapy to a large pelvic area. See protocol chapter 5.2, item 8 for details.
• Prior allogenic stem cell transplant.
• Active renal condition. See protocol chapter 5.2, item 11 for details.
• Evidence of active mucosal or internal bleeding.
• Current unstable liver or biliary disease per investigator assessment. For further details: see protocol section 5.2, item 14.
• Evidence of cardiovascular risk. For further details: see protocol section 5.2, item 16.
• Active infection requiring systemic therapy
• Known HIV infection, for exceptions see protocol section 5.2, item 19.
• Positive test for hepatitis B or hepatitis C. For exceptions see protocol section 5.2, item 20-21.
• Corneal epithelial disease. For further details: see protocol section 5.2, item 22.
• Symptomatic amyloidosis, active POEMS syndrome, active plasma cell leukemia. For further details: see protocol section 5.2, item 24.

Study design

Design

Study phase:	3
Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	25-11-2020

Enrollment:	22
Type:	Actual

Medical products/devices used

Product type:	Medicine
Brand name:	Blenrep
Generic name:	Belantamab Mafodotin
Registration:	Yes - NL intended use
Product type:	Medicine
Brand name:	Darzalex
Generic name:	Daratumumab
Registration:	Yes - NL intended use
Product type:	Medicine
Brand name:	Dexamethason
Generic name:	Dexamethasone
Registration:	Yes - NL intended use
Product type:	Medicine
Brand name:	Velcade
Generic name:	Bortezomib
Registration:	Yes - NL intended use

Ethics review

Approved WMO Date:	04-03-2020
Application type:	First submission
Review commission:	METC NedMec
Approved WMO Date:	10-09-2020
Application type:	First submission
Review commission:	METC NedMec
Approved WMO Date:	30-11-2020
Application type:	Amendment

Review commission:	METC NedMec
Approved WMO Date:	01-12-2020
Application type:	Amendment
Review commission:	METC NedMec
Approved WMO Date:	25-02-2021
Application type:	Amendment
Review commission:	METC NedMec
Approved WMO Date:	04-03-2021
Application type:	Amendment
Review commission:	METC NedMec
Approved WMO Date:	23-03-2021
Application type:	Amendment
Review commission:	METC NedMec
Approved WMO Date:	06-04-2021
Application type:	Amendment
Review commission:	METC NedMec
Approved WMO Date:	30-09-2021
Application type:	Amendment
Review commission:	METC NedMec
Approved WMO Date:	12-10-2021
Application type:	Amendment
Review commission:	METC NedMec
Approved WMO Date:	29-08-2022
Application type:	Amendment
Review commission:	METC NedMec
Approved WMO Date:	10-10-2022
Application type:	Amendment

Review commission:	METC NedMec
Approved WMO Date:	16-12-2022
Application type:	Amendment
Review commission:	METC NedMec
Approved WMO Date:	04-01-2023
Application type:	Amendment
Review commission:	METC NedMec
Approved WMO Date:	25-04-2023
Application type:	Amendment
Review commission:	METC NedMec
Approved WMO Date:	26-06-2023
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Utrecht (Utrecht)
Approved WMO Date:	09-10-2023
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Utrecht (Utrecht)
Approved WMO Date:	21-11-2023
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Utrecht (Utrecht)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
EU-CTR	CTIS2023-510537-28-00
EudraCT	EUCTR2018-003993-29-NL
CCMO	NL72787.041.20
Other	www.gsk-clinicalstudyregister.com, 207503