Phase 1b/3 global, randomized, controlled, open-label trial comparing treatment with RYZ101 to standard of care (SoC) therapy in subjects with inoperable, advanced, somatostatin receptor expressing (SSTR+), well-differentiated gastro-enteropancreatic neuroendocrine tumors (GEP-NETs) that have progressed following prior 177Lu-labelled somatostatin analogue (177Lu-SSA) therapy (ACTION-1)

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This study has been transitioned to CTIS with ID 2023-509334-19-00 check the CTIS register for the current data. This study aims to determine the safety, pharmacokinetics (PK) and recommended Phase 3 dose (RP3D) of RYZ101 in Part 1, and the safety,...

Ethical review	Approved WMO
Status	Pending
Health condition type	Endocrine neoplasms malignant and unspecified
Study type	Interventional

Summary

ID

NL-OMON56219

Source
ToetsingOnline

Brief title
RYZ101-301

Condition

- Endocrine neoplasms malignant and unspecified

Synonym
gastroenteropancreatic neuroendocrine tumors (GEP-NETs)

Research involving
Human

Sponsors and support

Primary sponsor: RayzeBio, Inc.
Source(s) of monetary or material Support: farmaceutische industrie

Intervention

Keyword: Gastroenteropancreatic neuroendocrine tumors, phase 3, RYZ101

Outcome measures

Primary outcome

Primary Efficacy

To determine if treatment with RYZ101, compared to SoC therapy, improves

centrally confirmed PFS in study subjects.

PFS as determined by BICR

PFS will be defined as the time from the date of randomization until the date

of progression (as determined by BICR from tumor assessments using RECIST v1.1)

or death due to any cause, whichever occurs earlier.

Secondary outcome

Secondary Efficacy

To determine if treatment with RYZ101, compared to SoC therapy, improves OS in

study subjects.

OS: OS will be defined as the time from the date of randomization until the

date of death due to any cause.

To determine if treatment with RYZ101, compared to SoC therapy, improves ORR in study subjects.

ORR, as determined by BICR according to RECIST v1.1.

To evaluate the efficacy of RYZ101 compared to SoC therapy in terms of Investigator-assessed PFS.

PFS as determined by the Investigator

To further evaluate the efficacy of RYZ101 compared to SoC therapy by Investigator-assessed ORR, as well as BOR, DoR, and disease control rate as determined by BICR and by the Investigator.

- ORR, as assessed by the Investigator according to RECIST v1.1

- BOR, disease control rate (PR + CR + SD), and DoR (only for subjects with a RECIST v.1.1 response) assessed by BICR and by the Investigator according to RECIST v1.1

Safety

Objectives Endpoints

To characterize the safety and tolerability of RYZ101 in study subjects

Incidence and severity of AEs by NCI CTCAE v5, including SAEs, laboratory changes, ECG changes, and other safety findings

Exploratory

To evaluate the efficacy of RYZ101 compared to SoC therapy in terms of investigator-assessed PFS after first subsequent anti-cancer therapy (PFS2)

PFS2 as determined by the investigator

PFS2 will be defined as the time from randomization to second objective disease

progression, or death from any cause, whichever first

To evaluate biomarkers and their potential association with the efficacy and safety of RYZ101

Relationship between biomarkers, including but not limited to CgA in the serum and (5-HIAA) in the urine, with AEs of special interest and/or efficacy endpoints (e.g., PFS, OS, BOR, DoR)

To study the evolution and determinants of subjects* HRQoL

Changes in

- EQ-5D-5L

- EORTC QLQ-C30 and

- EORTC QLQ GI NET21 questionnaire scores.

Pharmacokinetic

To evaluate the PK of RYZ101 **Population predicted exposure parameters (i.e. Cmax, AUC, average concentration)

- Relationship between exposure endpoints and clinical outcomes (efficacy and safety)

Pharmacokinetic and ECG Substudy

To evaluate PK and ECG parameters in a subset of approximately 30 subjects

- PK parameters, measured by:

- Cmax, Tmax, AUC, Vd, clearance, T1/2

- Percentage of radioactivity of the injected parent drug recovered in urine

- ECG parameters (including QTc), measured by continuous ECG recording using a 12-lead Holter monitoring device

Study description

Background summary

Gastroenteropancreatic neuroendocrine tumors (GEP-NETs) are a group of biologically and clinically heterogeneous and relatively indolent neoplasms arising in secretory cells of the neuroendocrine system located in the gastrointestinal (GI) tract (GI-NETs) and pancreas (p-NETs) (Cives and Strosberg, 2018; Cives et al. 2020).

GEP-NETs are life-threatening tumors that are often associated with debilitating hormonal symptoms. The only curative treatment for subjects with GEP-NET is surgical resection; however, only a minority of subjects present early enough for complete surgical resection; see Section 2.1 for details.

Part 2 will evaluate the safety and efficacy of RYZ101 compared with investigator-selected SoC therapy in subjects with inoperable, advanced, well-differentiated SSTR+ GEP-NETs that have progressed following treatment with 177Lu-SSA.

Study objective

This study has been transitioned to CTIS with ID 2023-509334-19-00 check the CTIS register for the current data.

This study aims to determine the safety, pharmacokinetics (PK) and recommended Phase 3 dose (RP3D) of RYZ101 in Part 1, and the safety, efficacy, and PK of RYZ101 compared with investigator-selected standard of care (SoC) therapy in Part 2 in subjects with inoperable, advanced, well-differentiated, somatostatin receptor expressing (SSTR+) gastroenteropancreatic neuroendocrine tumors (GEP-NETs) that have progressed following treatment with Lutetium 177-labelled somatostatin analogue (177Lu-SSA) therapy, such as 177Lu-DOTATATE or 177Lu-DOTATOC (177Lu-DOTATATE/TOC), or 177Lu-high affinity [HA]-DOTATATE. The aim of the PK and electrocardiogram (ECG) substudy is to evaluate the PK and cardiac safety of RYZ101 in a subset of subjects randomized to RYZ101 in Part 2 of the study.

Study design

This is a global, multicenter, randomized, open-label, 2-part (Part 1 [Phase 1b] followed by Part 2 [Phase 3]) study of RYZ101, an Actinium 225 radiolabeled somatostatin analog (SSA) for injection. Part 1 is an uncontrolled dose de-escalation study to confirm the safety and determine the RP3D of RYZ101 based on Bayesian optimal interval (BOIN) design (Liu and Yuan 2015;

Yuan et al. 2016) with a target toxicity rate of 25%. The initial dose will be consistent with the dose range evaluated in the pilot study by Ballal, Bal, and colleagues (Ballal et al. 2020; Bal et al. 2021). The purpose of the randomized, controlled Phase 3 evaluation is to evaluate the progression-free survival (PFS) benefits of RYZ101 over SoC therapy in subjects with SSTR+ GEP-NET that has progressed following treatment with 177Lu-SSA.

Part 2 is a randomized, controlled Phase 3 study to determine if treatment with RYZ101 prolongs PFS assessed by blinded independent central review (BICR) (primary objective), and overall survival (OS; key secondary objective) compared to SoC therapy in subjects with SSTR+ GEP-NETs that have progressed following treatment with 177Lu-SSA. Approximately, 210 subjects will be randomized in a balanced 1:1 ratio to receive RYZ101 administered at the RP3D once Q8W for up to 4 cycles or to protocol-permitted SoC therapy (selected by the Investigator prior to randomization) given according to local labeling; see Figure 1-2. Randomization will be stratified by length of time between the last dose of 177Lu-SSA and first disease progression following this treatment (<12 months vs. >=12 months), by anatomic location of the primary tumor (gastrointestinal [GI] tract vs. pancreas) and by treatment with long-acting SSA (octreotide 20-30 mg every 4 weeks [Q4W] or lanreotide 120 mg Q4W) at baseline that will continue on study (yes vs. no).
Subjects with a body weight of <=45 kg will receive RYZ101 at a dose calculated based on a minimum body weight of 45 kg. This is based on clinical experience with 5 patients under 50 kg treated with 225Ac-DOTATATE (Bal et al. 2021; Data on File).
During the treatment period, subjects will undergo radiographical evaluations (by local computed tomography [CT]/ magnetic resonance imaging [MRI]) every 12 weeks ±7 days from the date of first dose of study treatment (regardless of drug interruption) until the time of centrally confirmed disease progression (PD). Disease progression and tumor response will be evaluated by BICR and by the investigator using Response Evaluation Criteria in Solid Tumors (RECIST) v1.1 (Eisenhauer et al.2009). Subjects should remain on their assigned treatment until central confirmation of PD. Management of the subject will be based on the investigator*s assessment of the disease. Subjects who discontinue study drug for radiographic PD confirmed by BICR will be followed approximately every 6 months (via phone or office visit) during LTFU until the end of the study for survival status, adverse events (AEs)/serious adverse events (SAEs) considered to be related to study treatment, adverse events of special interest (AESIs), laboratory evaluations (may be completed locally), development of secondary malignancy, and subsequent anticancer therapy information. Additionally, subjects will continue CT/MRI scans every 12 weeks ± 7 days until investigator-assessed radiographic progression after first subsequent anticancer therapy. Subjects who discontinue study drug for reasons other than PD confirmed by BICR or the start of subsequent anticancer therapy will continue to have local CT/MRI assessments every 12 weeks ±7 days until radiographic PD confirmed by BICR. Thereafter, these subjects will be followed approximately every 6 months during LTFU for survival status, AEs/SAEs

considered related to study treatment, AESIs, laboratory evaluations (may be completed locally), development of secondary malignancy, and use of subsequent anticancer therapy until the end of the study. Additionally, subjects will continue CT/MRI scans every 12 weeks ±7 days until investigator-assessed radiographic progression after first subsequent anticancer therapy. Following radiographic PD confirmed by BICR, subjects randomized to the SoC therapy group may be eligible to cross over and receive RYZ101; these subjects will be followed for safety and survival status, as well as for investigator-assessed radiographic progression.
The EuroQol Group 5-Dimension Questionnaire, 5-level version (EQ-5D-5L), the European Organization for Research and Treatment of Cancer (EORTC) core quality of life questionnaire (EORTC QLQ-C30) and the EORTC quality of life questionnaire for gastrointestinal neuroendocrine tumors (QLQ-GI-NET21) will be used to evaluate subject health-related quality of life (HRQoL) in study subjects in Part 2 randomized to the RYZ101 or SoC therapy arms. Quality of life will not be evaluated for subjects in the SoC group if and after they crossover to RYZ101.

An independent data monitoring committee (IDMC) will review safety and efficacy data at the interim analyses. In addition, the IDMC will periodically review safety data at regularly scheduled meetings, according to a prespecified IDMC charter.
With the exception of subjects participating in the PK and ECG substudy (see below), all subjects randomized to RYZ101 at select sites (sites with capabilities and selected to perform the required PK analyses) will also undergo sparse PK blood sample collection according to the schedule described in Table 1-2.

Intervention

The estimated study duration will be approximately 7 years (estimated from January 2022 to January 2029). In Part 2, subject follow-up will continue for 5 years after the last subject was randomized, or until a total of 130 deaths have occurred, whichever occurs first.

RYZ101 will be supplied as a clear and colorless-to-slightly yellow solution in a single-dose vial for intravenous (i.v.) infusion, administered Q8W, for a total of 4 infusions. Detailed instructions for i.v. infusion of RYZ101 are located in the Pharmacy Manual. Concomitant amino acids (containing arginine and lysine) will be given with each RYZ101 administration for renal protection, starting 30 minutes before the RYZ101 infusion for a total of at least 4 hours in accordance with local practice and consistent with labeling. Instructions for storage and handling of RYZ101, and co-administration of amino acids are provided in the Pharmacy Manual.

Study burden and risks

What are the possible discomforts you may experience with checks or measurements during the study?
- Blood sample: Taking a blood sample can be a little painful. Or you could get a bruise as a result.
- Tumour biopsy: For patients who need to provide fresh tumour sample, the risks include a brief sharp pain from the needle used to inject medicine to numb the skin. The biopsy needle will produce a duller pain. There may be bleeding, bruising, swelling, infection, or scarring at the site of the biopsy. The location where the tumour sample is taken may require stitches which will be removed by a study nurse or study doctor about one week after the biopsy. The biopsy site should be kept covered, clean, and dry until it heals.
- Blood pressure: An inflatable cuff will be placed on your arm and a machine will measure your blood pressure and heart rate, after you have been sitting down for 5 minutes. You may experience mild discomfort in your arm while the cuff is inflated.
- Computerized tomography (CT) scan: You will have to lie still on a table and, at times, hold your breath for a few seconds in order to avoid blurring the pictures. You may hear a slight buzzing, clicking and whirring sounds as the CT scanner moves around your body. You will receive information on how to get ready for this procedure. As part of the CT scans, contrast material may need to be taken by mouth and/or injected into your vein to make certain organs and tumour sites visible on the scan. This contrast material may cause an allergic reaction or damage your kidneys.
- Multigated Acquisition Scan (MUGA): The radioactive tracer used during a MUGA scan is a diagnostic dose of radiation that is similar to the dose you would receive during a PET scan (described below). The radioactive substance you receive is safe for most people. Your body will get rid of it through your kidneys within about 24 hours.
- ECG: Small sticky pads are placed on your chest, shoulders and hips. These may cause some local irritation and be uncomfortable to remove. We may also need to clip small patches of your hair in these areas.
- MRI scan: An MRI scan is painless and will not expose you to X ray radiation. Some people may feel frightened by the cramped space inside the machine or by the loud, repeated sounds the machine makes. Because the MRI scan uses magnetic field, you will be asked to remove all types of metal from your clothing and all metal objects from your pockets. Please inform the study doctor if you have metal in your body from an operation, e.g., heart pacemaker, artificial heart valves, metal implants such as metal ear implants, bullet pieces, chemotherapy or insulin pumps or any other metal such as metal clips or rings. The MRI scanner makes loud banging noises while taking a measurement, so either ear plugs, or specially designed headphones will be given to reduce the noise. MRI scans are not usually recommended during pregnancy. During the MRI scan, you will be asked to lie down on your back on a table and you will need to stay still until the pictures have been taken. Each MRI examination should take less than 1 hour. As part of the MRI scans, contrast material may need to be taken by mouth and/or injected into your vein to make certain organs and tumour sites visible on the scan. This contrast material may cause an allergic reaction or

damage your kidneys.
- PET scan: You will be given details of what to do to prepare for your PET scan. For example, you will be asked not to eat for 4 to 6 hours before your appointment time and to drink only water. You will be given an injection of a small amount of a radiotracer (a radioactive substance injected in your body prior to imaging that can be detected in your body by the scanner) into a vein in your arm or hand. The radiotracer will travel to particular parts of your body. By analysing the areas where the radiotracer does and doesn't build up, it is possible to work out how well certain body functions are working and identify any abnormalities. You will be asked to remain still for about an hour before the scan (since moving and speaking can affect where the radiotracer goes in your body) and also for about 30 minutes during the scan. You may hear buzzing or clicking sounds during the scan. Risks include local pain, bruising, bleeding, blood clot formation, and in rare instances, an infection might occur at the site of where the needle is pricked for injecting the radiotracer. There is a small risk of allergic reaction to the injected radiotracer.
You should not have close contact with pregnant women, babies and young children for a few hours after this scan as you will be slightly radioactive during this time.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

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

Inclusion criteria

1. Age of at least 18 years at the time of signing the informed consent.
2. Histologically proven, Grade 1-2 well differentiated, inoperable, advanced GEP-NETs.
3. Ki67 (mitotic) index <=20%.
4. Eastern Cooperative Oncology Group (ECOG) status 0-2.
5. Life expectancy of at least 12 weeks.
6. Subjects with functional tumors who are receiving octreotide LAR or lanreotide for symptom control must be on a stable dose for at least 12 weeks prior to enrollment (Part 1) or randomization (Part 2).
a. Subjects with nonfunctional tumors or functional tumors that do not require octreotide LAR or lanreotide for symptom control must discontinue octreotide LAR or lanreotide at least 4 weeks prior to enrollment (Part 1) or randomization (Part 2).
7. Progressive GEP-NET (GI or pancreas) based on RECIST v1.1 following a minimum of 2 cycles and a maximum of 4 cycles of treatment with 177Lu-DOTATATE (7.4 GBq ±10% each cycle or a total cumulative dose of up to 29.6 GBq ±10%), 177Lu-DOTATOC (7.5 GBq ±10% each cycle or a total cumulative dose of up to 30 GBq ±10%), or 177Lu-HA-DOTATATE (7.4 GBq ±10% each cycle or a total cumulative dose of up to 29.6 GBq ±10%). Radiographic progression must be demonstrated within 18 months from enrollment (Part 1) or randomization (Part 2). Premature discontinuation of 177Lu-DOTATATE, 177Lu-DOTATOC, or 177Lu-HA- DOTATATE (i.e., 177Lu-SSA) treatment should not have been due to PD. Dose reductions for toxicity based on local labeling are allowed. No time limit is defined between 177Lu-SSA treatment and enrollment (Part 1)/randomization (Part 2). Other anticancer treatments that do not meet exclusion criteria are allowed in this interval. Subjects must have progressed on or after the last non-177Lu-SSA anticancer treatment.
a. CT/MRI scan should be completed within 42 days (inclusive) prior to enrollment (Part 1) or randomization (Part 2) and show disease progression compared to a previous scan obtained at least 6 months following the last 177Lu-DOTATATE/TOC or 177Lu-HA- DOTATATE treatment (see Exclusion Criterion #1) and within 18 months from screening (Figure 1-3). No non-SSA anticancer treatment is permitted between the most recent scan used for eligibility confirmation and the first dose of study treatment. A baseline CT/MRI scan must always be obtained within 4 weeks (28 days) of the first dose of study treatment for on-study response assessment (the most recent scan for

confirmation of progression may be used as the baseline scan if obtained prior to enrollment/randomization and within 28 days of the first dose of study treatment.)
b. For subjects on octreotide LAR or lanreotide, progression should be documented while the subject was on a fixed dose of octreotide LAR or lanreotide.
c. There must be at least 1 SSTR-PET imaging-positive (using a regulatory agency-approved imaging method, e.g., 68Gallium [68Ga] or 64Copper [64Cu]-based), measurable site of disease (according to RECIST v1.1) and no RECIST v1.1 measurable metastatic lesions that are SSTR imaging -negative. Assessment of SSTR expression must be within 90 days (inclusive) prior to enrollment (Part 1) or randomization (Part 2) without any intervening non-SSA anticancer treatments for GEP-NET.
d. Tumor uptake observed in each RECIST v1.1 measurable lesion using a regulatory agency -approved SSTR-PET imaging method must be greater than the liver uptake observed on regulatory agency-approved SSTR-PET imaging, to be centrally confirmed in Part 2.
8. Part 2: Subject is a candidate for therapy with 1 of the following SoC options:
a. Everolimus 10 mg daily by mouth
b. Sunitinib 37.5 mg daily by mouth
c. High-dose octreotide LAR 60 mg Q4W by intramuscular (i.m.) injection
d. High dose frequency lanreotide 120 mg every 2 weeks (Q2W) by deep subcutaneous (s.c.) injection.
9. Adequate renal function, as evidenced by creatinine clearance (CrCl) >=50 mL/min (calculated using the Cockcroft-Gault formula)
10. Adequate hematologic function, defined by the following laboratory results:
a. Part 1: Hemoglobin concentration >=5.6 mmol/L (>=9.0 g/dL); absolute neutrophil count (ANC) >=1500 cells/µL (>=1500 cells/mm3); platelets >=100 x 109/L (100 x 103/mm3)
b. Part 2: Hemoglobin concentration >=5.0 mmol/L (>=8.0 g/dL); ANC >=1000 cells/µL (>=1000 cells/mm3); platelets >100 x 109/L (100 x 103/mm3).
11. Total bilirubin <=3 x upper limit normal (ULN)
12. Serum albumin >=3.0 g/dL unless prothrombin time is within the normal range
13. For women of childbearing potential (WOCBP):
a. Negative serum pregnancy test within 48 hours prior to the first dose of study treatment
b. Agreement to use barrier contraception and a second form of highly effective contraception while receiving study treatment and for 6 months following their last dose of study treatment. Alternatively, total abstinence is also considered a highly effective contraception method when this is in line with the preferred and usual lifestyle of the subject.
c. A woman is considered to be of childbearing potential if she is postmenarchal, has not reached a postmenopausal state (>=12 continuous months of amenorrhea with no identified cause other than menopause), and has not undergone surgical sterilization (total hysterectomy, or bilateral tubal ligation or bilateral oophorectomy at least 6 weeks before taking study

treatment).
14. Sexually active male subjects must use a condom during intercourse while receiving study treatment and for 3 months after the last dose of the study treatment and should not father a child during this period.
a. Male study participants whose sexual partners are WOCBP must also agree to use a second form of highly effective contraception while receiving study treatment and for 3 months following their last dose of RYZ101. Alternatively, total abstinence is also considered a highly effective contraception method.
b. A condom is required to be used also by vasectomized men as well as during intercourse with a male partner to prevent delivery of the drug via seminal fluid.

Exclusion criteria

1. Subjects with a GEP-NET deemed nonresponsive to PRRT, defined as no disease control (PR, CR, or SD) achieved for at least 6 months following the last dose of prior 177Lu-DOTATATE/TOC or 177Lu-HA-DOTATATE treatment. 2. Known hypersensitivity to 225Actinium, 68Gallium, 64Copper, octreotate, or any of the excipients of DOTATATE imaging agents 3. Part 1: Prior treatment with alkylating agents 4. Prior radioembolization 5. Any surgery, chemoembolization, and radiofrequency ablation within 12 weeks prior to first dose of study drug 6. Use of anticancer agents within the following intervals prior to the first dose of study drug: a. PRRT: within < 6 months (177Lu-DOTATATE/TOC or 177Lu-HA-DOTATATE only, as described in Inclusion Criterion #7) b. Chemotherapy: within <6 weeks c. Small molecule inhibitors: within <4 weeks d. Biological agents: within <7 days or <5 half-lives 7. Prior radiation therapy as defined below: a. Part 1: Any prior external beam radiation therapy, including stereotactic body radiation therapy (SBRT) b. Part 2: Any of the following: i. Radiation therapy within 6 weeks prior to study enrollment ii. Prior external beam radiation therapy to more than 25% of the bone marrow 8. Prior participation in any interventional clinical study within 30 days prior to first dose of study drug 9. Current somatic or psychiatric disease/condition that may interfere with the objectives and assessments of the study 10. Significant cardiovascular disease, such as New York Heart Association (NYHA) Class >=II heart failure a. Subjects with a known left ventricular ejection fraction (LVEF) <40% will be excluded. b. Subjects with known coronary artery disease, congestive heart failure not meeting the above criteria, or LVEF <50% must be on a stable medical regimen that is optimized in the opinion of the treating physician. c. QT interval corrected for heart rate using Fridericia*s formula (QTcF) >470 ms for females and >450 ms for males, demonstrated by the average value of 3 consecutive ECGs 11. Resistant hypertension, defined as persistent uncontrolled blood pressure (BP) >140/90 mmHg while on optimal doses of at least 3 antihypertensive medications with 1 being a diuretic. Patients with baseline hypertension may be eligible after initiation of antihypertensive therapy. 12. Uncontrolled diabetes mellitus as defined by a persistent fasting

glucose >2 x ULN 13. Have a history of primary malignancy within the past 3 years other than (1) GEP-NET, (2) adequately treated carcinoma in situ or non-melanoma carcinoma of the skin, (3) any other curatively treated malignancy that is not expected to require treatment for recurrence during participation in the study, or (4) an untreated cancer on active surveillance that may not affect the subject*s survival status for >=3 years based on clinician assessment/statement and with Medical Monitor approval. 14. Known brain, meningeal or spinal cord metastases. In Part 2, subjects with previously treated brain metastases will be allowed if the following conditions are met: (a) there is no evidence of central nervous system (CNS) progression for at least 6 months as assessed by local MRI for brain metastasis during screening; (b) the subject has recovered from acute side effects of radiotherapy; and (c) the subject is receiving a stable or decreasing dose of steroids. 15. For subjects with functional tumors that require treatment with SSAs for symptom control: a. Any subject receiving treatment with short-acting octreotide, which cannot be interrupted for 24 hours before and 24 hours after the administration of RYZ101. b. Any subject receiving treatment with octreotide LAR or lanreotide, which cannot be interrupted for at least 4 weeks before the administration of RYZ101. 16. Subject requires other treatment that in the opinion of the investigator would be more appropriate than the therapy offered in the study 18. Unable or unwilling to comply with the requirements of the study protocol 19. PRRT other than 177Lu-DOTATATE/TOC or 177Lu-HA-DOTATATE as described in Inclusion Criterion #7 20. Any condition requiring systemic treatment with high-dose glucocorticoids (>=20 mg prednisone per day or equivalent) within 14 days prior to first dose of study treatment and/or which cannot be stopped while on study (unless solely for the purpose of adrenal replacement). Inhaled or topical steroids and single dose of steroids as pre-medication for CT scans with contrast are permitted.

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:	Pending
Start date (anticipated):	31-05-2023
Enrollment:	12
Type:	Anticipated

Medical products/devices used

Product type:	Medicine
Brand name:	RYZ101
Generic name:	RYZ101

Ethics review

Approved WMO Date:	16-11-2022
Application type:	First submission
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	09-06-2023
Application type:	First submission
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	12-10-2023
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)
Approved WMO Date:	23-11-2023
Application type:	Amendment
Review commission:	MEC-U: Medical Research Ethics Committees United (Nieuwegein)

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	CTIS2023-509334-19-00
EudraCT	EUCTR2022-000507-12-NL
CCMO	NL81684.100.22