A Phase 3 Study of Obexelimab in Patients with Warm Autoimmune Hemolytic Anemia

Estado	**Tipo de Participantes**	**Rangos de Edad**
No iniciado	No aportado	Mayores de 64 , Adultos
Género	**Fases**	**Participantes esperados**
Ambos	Fase III	24
Resultados	**Bajo nivel intervención**	**Enfermedad rara**
Sin resultados	No	Si
Cobertura geográfica	**Ámbitos del ensayo**	**Tipo de promotor**
Multicéntrico internacional	tratamiento, seguridad, eficacia	Comercial

Información

Identificador
2022-501005-12-00 (CTIS)

Cod. Protocolo
ZB012-03-002

Área terapéutica
Enfermedades [C] - Patologías del sistema immunitario [C20]

Enfermedad investigada
WARM AUTOIMMUNE HEMOLYTIC ANEMIA<br/

Título Científico
A PHASE 3, MULTICENTER, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED STUDY, WITH A SAFETY AND DOSE CONFIRMATION RUN-IN PERIOD, TO EVALUATE THE EFFICACY AND SAFETY OF OBEXELIMAB IN PATIENTS WITH WARM AUTOIMMUNE HEMOLYTIC ANEMIA (SAPHIARE)

Justificación

In accordance with Regulation EU No 536/2014, study ZB012-03-002 satisfies the conditions according to Category Two. Zenas BioPharma therefore request that the release of the study documents into the public domain be deferred for 5 years after the end of the trial or up to the time of Marketing Authorisation (MA) using this trial, whichever is earlier.<br/

Objetivo Principal

Part A: Safety and Dose Confirmation Run-in Period (SRP)
- To evaluate the safety and tolerability of weekly subcutaneous (SC) administration of obexelimab in patients with wAIHA
- To evaluate the clinical benefit of weekly SC administration of obexelimab on anemia in patients with wAIHA
Part B: Randomized Control Period (RCP)
- To evaluate the clinical benefit of weekly SC administration of obexelimab on anemia in patients with wAIHA Part C: Open-Label Extension (OLE) Period
- To evaluate the safety and tolerability of weekly SC administration of obexelimab in patients with wAIHA
- To evaluate Hgb response and total duration of response of weekly SC administration of obexelimab in patients with wAIHA
- To evaluate the clinical benefit of weekly SC administration of obexelimab on rescue therapy use in patients with wAIHA

Variables de Evaluación Primaria

Incidence of AEs, SAEs, and any AESIs, as defined by the CTCAE v5.0
Proportion of patients with Hgb ¿ 10 g/dL and ¿ 2 g/dL increase from Baseline on or after Week 8 with no use of blood transfusion or GC rescue therapy prior to attaining response
Proportion of patients who achieve a durable Hgb response (defined as Hgb ¿ 10 g/dL and ¿ 2 g/dL increase from Baseline on at least 3 of 4 consecutive available visits), at the earliest on or after Week 12, with no use of blood transfusion or GC rescue therapy prior to attaining durable response through Week 24
Incidence of AEs, SAEs, and any AESIs, as defined by the CTCAE v5.0
Proportion of patients with Hgb ¿ 10 g/dL and ¿ 2 g/dL increase from Baseline, with no use of blood transfusion or GC rescue therapy
Time in Hgb response in patients achieving durable Hgb response
Cumulative dose of GC rescue therapy<br/

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

Part A: Safety and Dose Confirmation Run-in Period (SRP) - To evaluate the clinical benefit of weekly SC administration of obexelimab on other measures of disease activity in patients with wAIHA, Part B: Randomized Control Period (RCP) - To evaluate the clinical benefit of weekly SC administration of obexelimab on other measures of disease activity in patients with wAIHA - To evaluate the safety and tolerability of weekly SC administration of obexelimab in patients with wAIHA<br/

Variables de Evaluación Secundaria

Change from Baseline in FACIT-F score through Week 24
Proportion of patients with no use of blood transfusion or GC rescue therapy through Week 24
Cumulative dose of GC rescue therapy through Week 24
Proportion of patients who achieve a durable Hgb response (defined as Hgb ¿ 10 g/dL and ¿ 2 g/dL increase from Baseline on at least 3 of 4 consecutive available visits), at the earliest on or after Week 12, with no use of blood transfusion or GC rescue therapy prior to attaining durable response through Week 24
"Proportion of patients who attain normal values on or after Week 8 with no use of blood transfusion or GC rescue therapy prior to response: ¿ LDH ¿ Haptoglobin ¿ Indirect bilirubin - Indirect bilirubin"
Time to Hgb ¿ 10 g/dL and ¿ 2 g/dL increase from Baseline, with no use of blood transfusion or GC rescue therapy
Proportion of patients with no use of blood transfusions through Week 24
Obexelimab serum concentrations through Week 24
Incidence of anti-obexelimab antibodies through Week 24
"Change from Baseline through Week 24 over time in the following: ¿ Circulating absolute T, B, and NK cell count ¿ Ig levels and ratios (e.g., IgG, IgM, IgA, IgE) ¿ CD19 target receptor occupancy ¿ Reticulocyte count ¿ LDH ¿ Haptoglobin ¿ Indirect bilirubin"
Change from Baseline to Week 24 in FACIT-F Score
Proportion of patients with no use of blood transfusion or GC rescue therapy through Week 24
Cumulative dose of GC rescue therapy through Week 24
Proportion of patients with no use of blood transfusions through Week 24
Change from Baseline to Week 24 in Hgb concentration
"Proportion of patients who attain normal values on at least 3 of 4 consecutive available visits, at the earliest on or after Week 12, with no use of blood transfusion or GC rescue therapy prior to attaining durable response through Week 24 in all 3 of the following: ¿ LDH ¿ Haptoglobin ¿ Indirect bilirubin"
Proportion of patients with a ¿ 3-point increase in FACIT-F score at Week 24, with no prior use of blood transfusion or GC rescue therapy
Time to durable Hgb response, in patients who achieve the primary endpoint
Percentage of time in Hgb response, on or after Week 4 through Week 24, in patients who achieve the primary endpoint
Incidence of AEs, SAEs, and any AESIs, as defined by the CTCAE v5.0<br/

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

PARTS A AND B: INCLUSION CRITERIA 1. Males and females ¿ 18 years of age at the time of signing the informed consent
10. Screening neutrophil count ¿ 1,000 mm3
11. Screening serum albumin and serum calcium concentrations within the normal range
12. Screening total serum IgG of ¿ 600 mg/dL
13. Screening creatine kinase value < 2 × ULN
14. Patients with a history of splenectomy must be at least 4 months post resection prior to randomization and must be vaccinated as per country-specific immunization schedules
15. Patients with autoimmune disorders (e.g., systemic lupus erythematosus, rheumatoid arthritis) may be eligible if they are receiving stable treatment (no changes in disease related concomitant medications), and the severity of disease has been stable for at least 4 months prior to randomization
16. For the SRP only (Part A), patients with LPDs (Cohort 2) may be eligible if they are receiving stable treatment (no changes in concomitant disease¿related medications), the severity of disease has been stable for at least 4 months prior to randomization, and, in the opinion of the Investigator, they are unlikely to require chemotherapy or mAb therapy during the study
17. Females not pregnant (see Appendix 4), not breastfeeding, and for whom at least one of the following conditions applies: a. Not of childbearing potential, as defined in Appendix 4 OR b. Of childbearing potential; females of childbearing potential (FOCBP) must have a negative serum pregnancy test at screening and a negative urine pregnancy test prior to the first dose of study drug and agree to follow the contraceptive guidance in Appendix 4 during the SRP/RCP and for at least 1 month (i.e., approximately 5 half-lives) after the last administration of study drug
18. Males must: a. Agree to (i) abstain from intercourse or (ii) use contraception (as detailed in Appendix 4) during the SRP/RCP and for at least 1 month (i.e., approximately 5 half lives) after the last dose of IMP, or (iii) be surgically sterile for the duration of the study AND b. Agree to refrain from donating sperm for the duration of the study and for at least 1 month (i.e., approximately 5 half-lives) after the last dose of IMP
19. Capable of giving signed informed consent, which

includes compliance with the requirements and restrictions listed in the ICF and in this protocol
2. Diagnosed with wAIHA for at least 3 months and currently receiving treatment for wAIHA or have previously received treatment for wAIHA (treatment-naive patients are not eligible)
PART C: OLE PERIOD INCLUSION CRITERIA 1. Completed the Week 24 SRP or RCP visit 2. Have not had IMP discontinued due to any of the following safety reasons: a. Pregnancy b. Malignancy c. Hypersensitivity to IMP d. Determination that the patient was ineligible for the SRP and RCP e. For any reason deemed necessary by the investigator for patient safety 3. Have not discontinued from IMP due to unblinding of a patient 4. FOCBP must have a negative serum pregnancy test prior to enrollment in the OLE Period 5. Have not received a transfusion within 2 weeks prior to first dose in the OLE Period 6. Not receiving more than 2 concomitant medications for the treatment of wAIHA, excluding vitamins or other supplements, at the time of enrollment in the OLE Period 7. Patients must receive first dose of obexelimab in the OLE Period within 14 days of the Week 24 SRP/RCP visit 8. Willing to comply with all study protocol procedures and complete all study visits
3. Diagnosis of primary or secondary wAIHA as documented by a positive DAT specific for anti-IgG or anti-IgA
4. Failed at least 1 prior wAIHA treatment regimen, including steroids, rituximab, azathioprine, cyclophosphamide, cyclosporine, mycophenolate mofetil, danazol, vincristine, erythropoiesis-stimulating agents, or splenectomy (folate, iron, or other supplements do not fulfill this criterion)
5. If on prednisone/prednisolone, the dose may not exceed 20 mg/day and must have been stable for at least 4 weeks prior to randomization and remain stable throughout the SRP and RCP
6. If receiving immunosuppressants, must have been on a stable dose for at least 12 weeks prior to randomization and remain on a stable dose throughout the SRP and RCP. Allowed concomitant immunosuppressants are azathioprine, mycophenolate mofetil/mycophenolic acid, cyclosporine, and cyclophosphamide
7. Hgb ¿ 7 to < 10 g/dL
8. At least one sign or symptom of anemia as assessed by the investigator at screening
9. Screening platelet count ¿ 50,000 mm3<br/

Criterios de Exclusión

PARTS A AND B: EXCLUSION CRITERIA 1. Have cold antibody AIHA, cold agglutinin syndrome, mixed type (i.e., warm and cold) AIHA, or paroxysmal cold hemoglobinuria
10. Evidence of active tuberculosis (TB) or at high risk for TB based on at least one of the following: a. History of active TB or latent TB, unless completion of treatment according to local guidelines is documented b. Positive, indeterminate, or invalid interferon-gamma (IFN¿) release assay results at screening, unless treatment is documented. Patients with an indeterminate test result can repeat the test once either centrally or locally, but if the repeat test is also indeterminate, the patient is excluded c. Signs of symptoms that could represent active TB d. Chest radiograph, computed tomography scan, or magnetic resonance imaging that suggests possible diagnosis of TB
11. History or evidence of a clinically unstable/uncontrolled disorder, condition, or disease (including, but not limited to, cardiopulmonary, oncologic, renal, hepatic, metabolic, hematologic, psychiatric, active infection), that, in the opinion of the investigator, would pose a risk to patient safety or interfere with the study evaluations, procedures, or completion
12. Known allergy to mAb therapy
13. Known hypersensitivity to dextran or components of dextran
14. Active infection (e.g., pneumonia, biliary tract infection, diverticulitis, Clostridium difficile infection) that requires parenteral or oral anti-infectives and/or hospitalization, and/or is assessed as serious/clinically significant by the investigator, within 8 weeks prior to screening. Patients may be re-screened after the 8-week exclusionary period has passed
15. Chronic infection (e.g., bronchiectasis, chronic osteomyelitis, chronic pyelonephritis) or requiring chronic treatment with anti-infectives (e.g., antibiotics, antivirals)
16. Confirmed or suspected clinical immunodeficiency syndrome not related to treatment of wAIHA, or has a family history of congenital or hereditary immunodeficiency, unless confirmed absent in the patient
17. Acute hepatitis B infection (hepatitis B surface antigen-positive), active hepatitis C virus (HCV), or HIV infection. Patients will be excluded from the study if they have a positive test for active hepatitis B through detection of hepatitis B surface antigen. In Japan, patients will be excluded if there is detection of (a) hepatitis B surface antigen or (b) hepatitis B surface antibody or (c) hepatitis B core antibody. Patients with a history of HCV will be excluded in the study unless there is documentation of a negative HCV ribonucleic acid level in the serum at 12 weeks or longer after the completion of HCV therapy
18. Intend to become pregnant, breastfeed, or are planning egg donation during the study or within 30 days after the last dose of study drug
19. Current alcohol/substance abuse/dependence, a history of alcohol/substance abuse/dependence within the 12 months prior to randomization, or, in the investigator¿s opinion, there is evidence of ongoing alcohol/substance abuse/dependence
2. Have any other associated cause of hereditary or acquired hemolytic anemia
20. Major surgery within 4 months prior to randomization or have plans for or have been scheduled for any elective surgery or major dental procedure during the study
21. Have a history of a major organ transplant (e.g., heart, lung, kidney, liver) or hematopoietic stem

cell/marrow transplant
22. Malignancy within 5 years of randomization
23. Commitment to an institution by virtue of an order issued either by the judicial or the administrative authorities
3. For the RCP only (Part B), patients with secondary wAIHA not due to autoimmune disorders, including LPDs
4. Received a transfusion within 2 weeks prior to randomization
5. Use of B cell¿depleting, B cell¿targeted, or other biologic immunomodulatory agents within the 6 months prior to randomization. Patients who received B cell¿targeted therapy within 6 to 12 months prior to randomization must have a B cell count at screening that is within the laboratory reference range, as measured by the central laboratory
6. Received IV Ig or epoetin alfa within 6 weeks prior to randomization. The patient may be re-screened after the exclusionary period of 6 weeks has passed
7. Receiving more than 2 concomitant medications for the treatment of wAIHA, excluding vitamins or other supplements, at the time of screening
8. Received an investigational treatment or direct medical intervention in another clinical study within 12 weeks or < 5 half-lives of the investigational treatment, whichever is shorter, prior to screening
9. Received live vaccine or live therapeutic infectious agent within the 6 weeks prior to randomization<br/

Calendario

(Última actualización: 24/07/2023)

Autorización	Inicio de Ensayo	Inclusión Primer Paciente	Interrumpido	Reiniciado
24/07/2023	No aportado	No aportado	No aportado	No aportado

Fin de reclutamiento	Fin prematuro (España)	Fin prematuro (Global)	Fin del ensayo en España	Fin del ensayo global
No aportado	No aportado	No aportado	No aportado	No aportado

Promotor

Zenas Biopharma (USA) LLC United States

1000 Winter Street

Contact Person

Allen Poma

001857270413

allen.poma@zenasbio.com

Monetary support: N/A

Centros

No iniciado (--/--/----)

Area De Salud De Burgos Y Soria

Burgos

BURGOS

Hematology

No iniciado (--/--/----)

Catalan Institute Of Oncology

Badalona

BARCELONA

Hematology

No iniciado (--/--/----)

Hospital Universitario De Gran Canaria Dr. Negrin

Las Palmas De Gran Canaria

LAS PALMAS

Hematology

No iniciado (--/--/----)

Hospital Universitario De Navarra

Pamplona

NAVARRA

Hematology

No iniciado (--/--/----)

Hospital Universitario Quironsalud Madrid

Pozuelo De Alarcon

MADRID

Hematology and Hemotherapy

No iniciado (--/--/----)

Hospital Universitario 12 De Octubre

Madrid

MADRID

Hematology and Hemotherapy

No iniciado (--/--/----)

University Hospital Virgen Del Rocio S.L.

Sevilla

SEVILLA

Hematology

Medicamentos

Obexelimab
INJECTION
SUBCUTANEOUS USE

-

Principios Activos: N/A

Huérfano **Experimental**

Sin resultados

A Phase 3 Study of Obexelimab in Patients with Warm Autoimmune Hemolytic Anemia

State	**Type of participants**	**Age Ranges**
Not initiated	Not provided	Older than 64 , Adults
Gender	**Phases**	**Expected Participants**
Both	Phase III	24
Results	**Low level of intervention**	**Rare disease**
No results	No	Yes
Geographic coverage	**Areas of the study**	**Sponsor type**
International multicenter	treatment, safety, effectiveness	Commercial

Information

Identifier
2022-501005-12-00 (CTIS)

Protocol Code
ZB012-03-002

Therapeutic area
Diseases [C] - Immune System Diseases [C20]

Investigated Disease
WARM AUTOIMMUNE HEMOLYTIC ANEMIA<br/

Scientific Title
A PHASE 3, MULTICENTER, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED STUDY, WITH A SAFETY AND DOSE CONFIRMATION RUN-IN PERIOD, TO EVALUATE THE EFFICACY AND SAFETY OF OBEXELIMAB IN PATIENTS WITH WARM AUTOIMMUNE HEMOLYTIC ANEMIA (SAPHIARE)

Rationale

In accordance with Regulation EU No 536/2014, study ZB012-03-002 satisfies the conditions according to Category Two. Zenas BioPharma therefore request that the release of the study documents into the public domain be deferred for 5 years after the end of the trial or up to the time of Marketing Authorisation (MA) using this trial, whichever is earlier.<br/

Main Objective

Part A: Safety and Dose Confirmation Run-in Period (SRP)
- To evaluate the safety and tolerability of weekly subcutaneous (SC) administration of obexelimab in patients with wAIHA
- To evaluate the clinical benefit of weekly SC administration of obexelimab on anemia in patients with wAIHA
Part B: Randomized Control Period (RCP)
- To evaluate the clinical benefit of weekly SC administration of obexelimab on anemia in patients with wAIHA Part C: Open-Label Extension (OLE) Period
- To evaluate the safety and tolerability of weekly SC administration of obexelimab in patients with wAIHA
- To evaluate Hgb response and total duration of response of weekly SC administration of obexelimab in patients with wAIHA
- To evaluate the clinical benefit of weekly SC administration of obexelimab on rescue therapy use in patients with wAIHA

Primary Endpoints

Incidence of AEs, SAEs, and any AESIs, as defined by the CTCAE v5.0
Proportion of patients with Hgb ¿ 10 g/dL and ¿ 2 g/dL increase from Baseline on or after Week 8 with no use of blood transfusion or GC rescue therapy prior to attaining response
Proportion of patients who achieve a durable Hgb response (defined as Hgb ¿ 10 g/dL and ¿ 2 g/dL increase from Baseline on at least 3 of 4 consecutive available visits), at the earliest on or after Week 12, with no use of blood transfusion or GC rescue therapy prior to attaining durable response through Week 24
Incidence of AEs, SAEs, and any AESIs, as defined by the CTCAE v5.0
Proportion of patients with Hgb ¿ 10 g/dL and ¿ 2 g/dL increase from Baseline, with no use of blood transfusion or GC rescue therapy
Time in Hgb response in patients achieving durable Hgb response
Cumulative dose of GC rescue therapy<br/

Temporary moments of secondary assessment

Not provided

Secondary Objective

Part A: Safety and Dose Confirmation Run-in Period (SRP) - To evaluate the clinical benefit of weekly SC administration of obexelimab on other measures of disease activity in patients with wAIHA, Part B: Randomized Control Period (RCP) - To evaluate the clinical benefit of weekly SC administration of obexelimab on other measures of disease activity in patients with wAIHA - To evaluate the safety and tolerability of weekly SC administration of obexelimab in patients with wAIHA<br/

Secondary Endpoints

Change from Baseline in FACIT-F score through Week 24
Proportion of patients with no use of blood transfusion or GC rescue therapy through Week 24
Cumulative dose of GC rescue therapy through Week 24
Proportion of patients who achieve a durable Hgb response (defined as Hgb ¿ 10 g/dL and ¿ 2 g/dL increase from Baseline on at least 3 of 4 consecutive available visits), at the earliest on or after Week 12, with no use of blood transfusion or GC rescue therapy prior to attaining durable response through Week 24
"Proportion of patients who attain normal values on or after Week 8 with no use of blood transfusion or GC rescue therapy prior to response: ¿ LDH ¿ Haptoglobin ¿ Indirect bilirubin - Indirect bilirubin"
Time to Hgb ¿ 10 g/dL and ¿ 2 g/dL increase from Baseline, with no use of blood transfusion or GC rescue therapy
Proportion of patients with no use of blood transfusions through Week 24
Obexelimab serum concentrations through Week 24
Incidence of anti-obexelimab antibodies through Week 24
"Change from Baseline through Week 24 over time in the following: ¿ Circulating absolute T, B, and NK cell count ¿ Ig levels and ratios (e.g., IgG, IgM, IgA, IgE) ¿ CD19 target receptor occupancy ¿ Reticulocyte count ¿ LDH ¿ Haptoglobin ¿ Indirect bilirubin"
Change from Baseline to Week 24 in FACIT-F Score
Proportion of patients with no use of blood transfusion or GC rescue therapy through Week 24
Cumulative dose of GC rescue therapy through Week 24
Proportion of patients with no use of blood transfusions through Week 24
Change from Baseline to Week 24 in Hgb concentration
"Proportion of patients who attain normal values on at least 3 of 4 consecutive available visits, at the earliest on or after Week 12, with no use of blood transfusion or GC rescue therapy prior to attaining durable response through Week 24 in all 3 of the following: ¿ LDH ¿ Haptoglobin ¿ Indirect bilirubin"
Proportion of patients with a ¿ 3-point increase in FACIT-F score at Week 24, with no prior use of blood transfusion or GC rescue therapy
Time to durable Hgb response, in patients who achieve the primary endpoint
Percentage of time in Hgb response, on or after Week 4 through Week 24, in patients who achieve the primary endpoint
Incidence of AEs, SAEs, and any AESIs, as defined by the CTCAE v5.0<br/

Temporary moments of secondary assessment

Not provided

Inclusion criteria

PARTS A AND B: INCLUSION CRITERIA 1. Males and females ¿ 18 years of age at the time of signing the informed consent
10. Screening neutrophil count ¿ 1,000 mm3
11. Screening serum albumin and serum calcium concentrations within the normal range
12. Screening total serum IgG of ¿ 600 mg/dL
13. Screening creatine kinase value < 2 × ULN
14. Patients with a history of splenectomy must be at least 4 months post resection prior to randomization and must be vaccinated as per country-specific immunization schedules
15. Patients with autoimmune disorders (e.g., systemic lupus erythematosus, rheumatoid arthritis) may be eligible if they are receiving stable treatment (no changes in disease related concomitant medications), and the severity of disease has been stable for at least 4 months prior to randomization
16. For the SRP only (Part A), patients with LPDs (Cohort 2) may be eligible if they are receiving stable treatment (no changes in concomitant disease¿related medications), the severity of disease has been stable for at least 4 months prior to randomization, and, in the opinion of the Investigator, they are unlikely to require chemotherapy or mAb therapy during the study
17. Females not pregnant (see Appendix 4), not breastfeeding, and for whom at least one of the following conditions applies: a. Not of childbearing potential, as defined in Appendix 4 OR b. Of childbearing potential; females of childbearing potential (FOCBP) must have a negative serum pregnancy test at screening and a negative urine pregnancy test prior to the first dose of study drug and agree to follow the contraceptive guidance in Appendix 4 during the SRP/RCP and for at least 1 month (i.e., approximately 5 half-lives) after the last administration of study drug
18. Males must: a. Agree to (i) abstain from intercourse or (ii) use contraception (as detailed in Appendix 4) during the SRP/RCP and for at least 1 month (i.e., approximately 5 half lives) after the last dose of IMP, or (iii) be surgically sterile for the duration of the study AND b. Agree to refrain from donating sperm for the duration of the study and for at least 1 month (i.e., approximately 5 half-lives) after the last dose of IMP
19. Capable of giving signed informed consent, which

includes compliance with the requirements and restrictions listed in the ICF and in this protocol
2. Diagnosed with wAIHA for at least 3 months and currently receiving treatment for wAIHA or have previously received treatment for wAIHA (treatment-naive patients are not eligible)
PART C: OLE PERIOD INCLUSION CRITERIA 1. Completed the Week 24 SRP or RCP visit 2. Have not had IMP discontinued due to any of the following safety reasons: a. Pregnancy b. Malignancy c. Hypersensitivity to IMP d. Determination that the patient was ineligible for the SRP and RCP e. For any reason deemed necessary by the investigator for patient safety 3. Have not discontinued from IMP due to unblinding of a patient 4. FOCBP must have a negative serum pregnancy test prior to enrollment in the OLE Period 5. Have not received a transfusion within 2 weeks prior to first dose in the OLE Period 6. Not receiving more than 2 concomitant medications for the treatment of wAIHA, excluding vitamins or other supplements, at the time of enrollment in the OLE Period 7. Patients must receive first dose of obexelimab in the OLE Period within 14 days of the Week 24 SRP/RCP visit 8. Willing to comply with all study protocol procedures and complete all study visits
3. Diagnosis of primary or secondary wAIHA as documented by a positive DAT specific for anti-IgG or anti-IgA
4. Failed at least 1 prior wAIHA treatment regimen, including steroids, rituximab, azathioprine, cyclophosphamide, cyclosporine, mycophenolate mofetil, danazol, vincristine, erythropoiesis-stimulating agents, or splenectomy (folate, iron, or other supplements do not fulfill this criterion)
5. If on prednisone/prednisolone, the dose may not exceed 20 mg/day and must have been stable for at least 4 weeks prior to randomization and remain stable throughout the SRP and RCP
6. If receiving immunosuppressants, must have been on a stable dose for at least 12 weeks prior to randomization and remain on a stable dose throughout the SRP and RCP. Allowed concomitant immunosuppressants are azathioprine, mycophenolate mofetil/mycophenolic acid, cyclosporine, and cyclophosphamide
7. Hgb ¿ 7 to < 10 g/dL
8. At least one sign or symptom of anemia as assessed by the investigator at screening
9. Screening platelet count ¿ 50,000 mm3<br/

Exclusion criteria

PARTS A AND B: EXCLUSION CRITERIA 1. Have cold antibody AIHA, cold agglutinin syndrome, mixed type (i.e., warm and cold) AIHA, or paroxysmal cold hemoglobinuria
10. Evidence of active tuberculosis (TB) or at high risk for TB based on at least one of the following: a. History of active TB or latent TB, unless completion of treatment according to local guidelines is documented b. Positive, indeterminate, or invalid interferon-gamma (IFN¿) release assay results at screening, unless treatment is documented. Patients with an indeterminate test result can repeat the test once either centrally or locally, but if the repeat test is also indeterminate, the patient is excluded c. Signs of symptoms that could represent active TB d. Chest radiograph, computed tomography scan, or magnetic resonance imaging that suggests possible diagnosis of TB
11. History or evidence of a clinically unstable/uncontrolled disorder, condition, or disease (including, but not limited to, cardiopulmonary, oncologic, renal, hepatic, metabolic, hematologic, psychiatric, active infection), that, in the opinion of the investigator, would pose a risk to patient safety or interfere with the study evaluations, procedures, or completion
12. Known allergy to mAb therapy
13. Known hypersensitivity to dextran or components of dextran
14. Active infection (e.g., pneumonia, biliary tract infection, diverticulitis, Clostridium difficile infection) that requires parenteral or oral anti-infectives and/or hospitalization, and/or is assessed as serious/clinically significant by the investigator, within 8 weeks prior to screening. Patients may be re-screened after the 8-week exclusionary period has passed
15. Chronic infection (e.g., bronchiectasis, chronic osteomyelitis, chronic pyelonephritis) or requiring chronic treatment with anti-infectives (e.g., antibiotics, antivirals)
16. Confirmed or suspected clinical immunodeficiency syndrome not related to treatment of wAIHA, or has a family history of congenital or hereditary immunodeficiency, unless confirmed absent in the patient
17. Acute hepatitis B infection (hepatitis B surface antigen-positive), active hepatitis C virus (HCV), or HIV infection. Patients will be excluded from the study if they have a positive test for active hepatitis B through detection of hepatitis B surface antigen. In Japan, patients will be excluded if there is detection of (a) hepatitis B surface antigen or (b) hepatitis B surface antibody or (c) hepatitis B core antibody. Patients with a history of HCV will be excluded in the study unless there is documentation of a negative HCV ribonucleic acid level in the serum at 12 weeks or longer after the completion of HCV therapy
18. Intend to become pregnant, breastfeed, or are planning egg donation during the study or within 30 days after the last dose of study drug
19. Current alcohol/substance abuse/dependence, a history of alcohol/substance abuse/dependence within the 12 months prior to randomization, or, in the investigator¿s opinion, there is evidence of ongoing alcohol/substance abuse/dependence
2. Have any other associated cause of hereditary or acquired hemolytic anemia
20. Major surgery within 4 months prior to randomization or have plans for or have been scheduled for any elective surgery or major dental procedure during the study
21. Have a history of a major organ transplant (e.g., heart, lung, kidney, liver) or hematopoietic stem

cell/marrow transplant
22. Malignancy within 5 years of randomization
23. Commitment to an institution by virtue of an order issued either by the judicial or the administrative authorities
3. For the RCP only (Part B), patients with secondary wAIHA not due to autoimmune disorders, including LPDs
4. Received a transfusion within 2 weeks prior to randomization
5. Use of B cell¿depleting, B cell¿targeted, or other biologic immunomodulatory agents within the 6 months prior to randomization. Patients who received B cell¿targeted therapy within 6 to 12 months prior to randomization must have a B cell count at screening that is within the laboratory reference range, as measured by the central laboratory
6. Received IV Ig or epoetin alfa within 6 weeks prior to randomization. The patient may be re-screened after the exclusionary period of 6 weeks has passed
7. Receiving more than 2 concomitant medications for the treatment of wAIHA, excluding vitamins or other supplements, at the time of screening
8. Received an investigational treatment or direct medical intervention in another clinical study within 12 weeks or < 5 half-lives of the investigational treatment, whichever is shorter, prior to screening
9. Received live vaccine or live therapeutic infectious agent within the 6 weeks prior to randomization<br/

Calendar

(Last Update: 24/07/2023)

Authorization	Start of Trial	First patient inclusion	Halted	Restarted
24/07/2023	Not aported	Not aported	Not aported	Not aported

End of recruitment	Premature end (Spain)	Premature End (Global)	Trial end (Spain)	Trial end (Global)
Not aported	Not aported	Not aported	Not aported	Not aported

Sponsor

Zenas Biopharma (USA) LLC United States

1000 Winter Street

Contact Person

Allen Poma

001857270413

allen.poma@zenasbio.com

Monetary support: N/A

Sites

not initialized (--/--/----)

Area De Salud De Burgos Y Soria

Burgos

BURGOS

Hematology

not initialized (--/--/----)

Catalan Institute Of Oncology

Badalona

BARCELONA

Hematology

not initialized (--/--/----)

Hospital Universitario De Gran Canaria Dr. Negrin

Las Palmas De Gran Canaria

LAS PALMAS

Hematology

not initialized (--/--/----)

Hospital Universitario De Navarra

Pamplona

NAVARRA

Hematology

not initialized (--/--/----)

Hospital Universitario Quironsalud Madrid

Pozuelo De Alarcon

MADRID

Hematology and Hemotherapy

not initialized (--/--/----)

Hospital Universitario 12 De Octubre

Madrid

MADRID

Hematology and Hemotherapy

not initialized (--/--/----)

University Hospital Virgen Del Rocio S.L.

Sevilla

SEVILLA

Hematology

Medication

Obexelimab
INJECTION
SUBCUTANEOUS USE

-

Active Principles: N/A

Orphan Experimental

No results