

# A study to evaluate the safety, tolerability, and efficacy of galicaftor/navocafter/ABBV-119 combination therapy in subjects with cystic fibrosis

<b>Submission date</b> 28/01/2022	<b>Recruitment status</b> Stopped	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 07/03/2022	<b>Overall study status</b> Stopped	<input type="checkbox"/> Protocol
<b>Last Edited</b> 05/01/2024	<b>Condition category</b> Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Cystic Fibrosis (CF) is a rare, life-threatening, genetic disease that affects the lungs and digestive system, significantly impairing the quality of life, with those affected having a median age of death at 40. The main objective of this study is to assess how safe and effective is the combination therapy of galicaftor/navocafter/ABBV-119 in adult participants with CF

### Who can participate?

Patients with CF, and the F508del CFTR mutation (the most common CF gene mutation)

### What does the study involve?

Galicaftor/navocafter/ABBV-119 combination therapy is being developed as an investigational drug for the treatment of CF. Study doctors place participants in 1 of the 4 groups, called treatment arms. Each group receives a different treatment. Around 90 adult participants with a diagnosis of CF will be enrolled in the study around approximately 35 sites worldwide. Participants in arm 1 will receive oral capsules of galicaftor/navocafter dual combination for 28 days followed by galicaftor/navocafter/ABBV-119 triple combination for 28 days. Participants in arms 2 and 3 will receive the galicaftor/navocafter/ABBV-119 triple combination or placebo for 28 days. Participants in arm 4 will receive galicaftor/navocafter/ABBV-119 triple combination therapy for 28 days. For all study arms, galicaftor, navocafter, will be given once daily and ABBV-119 twice a day.

### What are the possible benefits and risks of participating?

#### Benefits:

Not provided at time of registration

#### Risks:

ABBV-119 A small number of healthy volunteers who received ABBV-119 for up to 14 days had elevated blood levels of liver enzymes (ALT and AST), a possible sign of injury to the liver. The volunteers did not have any complaints along with these abnormal blood tests. The tests

returned to normal or near normal levels within the next 2 weeks. There could be a risk of side effects related to sunlight exposure or ultraviolet (UV) light exposure. It is not known whether exposure to sunlight might lead to skin irritation or cause one to break out in a rash or sunburn. If possible, patients should avoid direct exposure to the sun for long periods of time while participating in this clinical study. Protective clothing and sunglasses as well as sunscreen (SPF 30 or higher) should be used if exposed to sunlight. In addition, patients should not expose themselves to sun lamps, tanning booths, or tanning beds.

Most common side effects of the combination of galicraftor and navocraftor: Headache/Fatigue /Back pain/Constipation/Dry lips/Decreased urination/Nausea/Rash

Risks related to Study Procedures:

Blood Testing: may cause pain, bleeding, and/or bruising

Sweat collection: may cause tingling of the skin. The sticky pads may result in "irritation" of the skin. There is a remote possibility of a burn due to the test.

Lung Function Testing: may feel the need to cough, or feel a bit short of breath and lightheaded

5-day washout may lead to withdrawal symptoms

Where is the study run from?

St James's University Hospital (UK)

When is the study starting and how long is it expected to run for?

January 2022 to December 2022

Who is funding the study?

AbbVie Ltd (UK)

Who is the main contact?

Dr Daniel Peckham, [daniel.peckham@nhs.net](mailto:daniel.peckham@nhs.net)

## Contact information

### Type(s)

Principal Investigator

### Contact name

Dr Daniel Peckham

### Contact details

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## Additional identifiers

### EudraCT/CTIS number

2020-005805-25

**IRAS number**

1004477

**ClinicalTrials.gov number**

NCT04853368

**Secondary identifying numbers**

M19-771, IRAS 1004477, CPMS 51119

## **Study information**

**Scientific Title**

A phase 2 study of galicafitor/navocafitor/ABBV-119 combination therapy in subjects with cystic fibrosis who are homozygous or heterozygous for the F508del mutation

**Study objectives**

The primary objective is to evaluate the safety, tolerability, and efficacy for galicafitor/navocafitor /ABBV-119 combination therapy in adult subjects with CF who are homozygous or heterozygous for the F508del mutation.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Approval pending, HRA Fast Track REC, ref: 22/FT/0001

**Study design**

Interventional double blind randomized parallel group placebo controlled trial

**Primary study design**

Interventional

**Secondary study design**

Randomised controlled trial

**Study setting(s)**

Hospital

**Study type(s)**

Treatment

**Participant information sheet****Health condition(s) or problem(s) studied**

Cystic Fibrosis

**Interventions**

Study doctors place participants in 1 of the 4 groups, called treatment arms. Each group receives a different treatment. Around 90 adult participants with a diagnosis of CF will be enrolled in the study at approximately 35 sites worldwide.

Participants in arm 1 will receive oral capsules of galicafator/navocafator dual combination for 28 days followed by galicafator/navocafator/ABBV-119 triple combination for 28 days. Participants in arms 2 and 3 will receive the galicafator/navocafator/ABBV-119 triple combination or placebo for 28 days. Participants in arm 4 will receive galicafator/navocafator/ABBV-119 triple combination therapy for 28 days. For all study arms, galicafator, navocafator, will be given once daily and ABBV-119 twice a day.

## **Intervention Type**

Drug

## **Phase**

Phase II

## **Drug/device/biological/vaccine name(s)**

galicafator, navocafator, ABBV-119

## **Primary outcome measure**

The primary endpoint is the absolute change from Baseline through Day 29 in percent predicted forced expiratory volume in 1 second (ppFEV1) measured using spirometry

## **Secondary outcome measures**

Measured using spirometry unless noted otherwise:

1. Absolute change from Baseline through Day 29 in Sweat Chloride (SwCl) measured using sweat samples
2. Absolute change from Baseline through Day 29 in forced vital capacity [FVC]
3. Absolute change from Baseline through Day 29 in forced expiratory flow at mid-lung capacity [FEF25-75]
4. Relative changes from Baseline through Day 29 in ppFEV1
5. Relative changes from Baseline through Day 29 in FVC
6. Relative changes from Baseline through Day 29 in FEF25-75
7. Absolute change in CF Questionnaire-Revised (CFQ-R) respiratory domain score from Baseline through Day 29

## **Overall study start date**

07/01/2022

## **Completion date**

16/12/2022

## **Reason abandoned (if study stopped)**

Objectives no longer viable

# **Eligibility**

## **Key inclusion criteria**

1. Confirmed clinical diagnosis of CF, and genotype homozygous for the F508del CFTR mutation for Cohort 1 and Cohort 3, heterozygous for F508del CFTR mutation and a minimal function mutation for Cohort 2 and Cohort 3.
2. ppFEV1  $\geq 40\%$  and  $\leq 90\%$  of predicted normal for age, gender, and height (Global Lung

Function Initiative [GLI] equations) at Screening.

3. No clinically significant laboratory values at Screening that would pose undue risk for the subject or interfere with safety assessments (per the investigator).

4. Absence of clinically significant abnormality detected on ECG regarding rate, rhythm, or conduction (e.g., QT interval corrected for heart rate using Fridericia's formula [QTcF] should be < 450 msec for males and <460 msec for females).

5. Stable pulmonary status, i.e., no respiratory infections or exacerbations requiring a change in therapy (including antimicrobials) or causing an acute decline in ppFEV1 of >10% from usual ppFEV1 level within 4 weeks.

6. SwCl at screening visit must be  $\geq 60$  mmol/L for Cohort 1 and Cohort 2, and this criterion does not apply to Cohort 3.

7. No history of diseases aggravated or triggered by ultraviolet radiation and no history of abnormal reaction photosensitivity or photoallergy to sunlight, or artificial source of intense light, especially ultraviolet light.

### **Participant type(s)**

Patient

### **Age group**

Adult

### **Sex**

Both

### **Target number of participants**

90

### **Key exclusion criteria**

1. Cirrhosis with or without portal hypertension (e.g., splenomegaly, esophageal varices) or history of clinically significant liver disease

2. History of malignancy within past 5 years (except for excised basal cell carcinoma of the skin with no recurrence, or treated carcinoma in situ of the cervix with no recurrence)

3. Recent (within the past 6 months) history of drug or alcohol abuse that might preclude adherence to the protocol, in the opinion of the investigator

4. Smoking or vaping tobacco or cannabis products within 6 months before Screening

5. History of solid organ or hematopoietic transplantation

6. History of known sensitivity to any component of the study drug

7. Need for supplemental oxygen while awake, or >2 L/minute while sleeping.

8. Evidence of active SARS-CoV-2 infection. If a subject has signs/symptoms suggestive of SARS CoV-2 infection, they should undergo molecular (e.g., polymerase chain reaction [PCR]) testing to rule out SARS-CoV-2 infection.

### **Date of first enrolment**

28/07/2021

### **Date of final enrolment**

16/12/2022

## **Locations**

### **Countries of recruitment**

Belgium

Canada

England

France

Hungary

Netherlands

Puerto Rico

Scotland

Serbia

Slovakia

Spain

United Kingdom

**Study participating centre**

**The Adult Cystic Fibrosis Centre**

Royal Papworth Hospital NHS FT

Papworth Road

Cambridge

United Kingdom

CB2 0AY

**Study participating centre**

**Queen Elizabeth University Hospital**

1345 Govan Road

Glasgow

United Kingdom

G51 4TF

**Study participating centre**

**All Wales Adult Cystic Fibrosis Centre**

Cardiff and Vale University Health Board

Penlan Road

Cardiff

United Kingdom

CF64 2XX

**Study participating centre****King's College Hospital**

Denmark Hill

London

United Kingdom

SE5 9RS

**Study participating centre****Royal Brompton Hospital**

Sydney Street

London

United Kingdom

SW3 6NP

**Study participating centre****Manchester Adult Cystic Fibrosis Centre**

Wythenshawe Hospital

Southmoor Road

Wythenshawe

Manchester

United Kingdom

M23 9LT

**Study participating centre****Southampton General Hospital**

Tremona Road

Southampton

United Kingdom

SO16 6YD

## **Sponsor information**

**Organisation**

AbbVie (United Kingdom)

**Sponsor details**

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(+44) 1628 561090  
global-clinical-trials@abbvie.com

**Sponsor type**

Industry

**Website**

<http://www.abbvie.co.uk/>

**ROR**

<https://ror.org/04tnbfn25>

## **Funder(s)**

**Funder type**

Industry

**Funder Name**

AbbVie

**Alternative Name(s)**

AbbVie Inc., AbbVie U.S., AbbVie US, Allergan

**Funding Body Type**

Government organisation

**Funding Body Subtype**

For-profit companies (industry)

**Location**

United States of America

## **Results and Publications**

**Publication and dissemination plan**

Peer reviewed scientific journals

Internal report

Conference presentation

Publication on website

Submission to regulatory authorities

When study results become available, the investigator brochure for the study IMP will be



updated to inform the study investigators of the safety and efficacy results from the study. Once the final study report becomes available, study results will be uploaded to Clinicaltrials.gov. Patients and members of the community can gain access to the published material.

**Intention to publish date**

16/12/2023

**Individual participant data (IPD) sharing plan**

The datasets generated during and/or analysed during the current study are not expected to be made available.

**IPD sharing plan summary**

Not expected to be made available