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A study to determine whether patients who have received OMS906 in two previous studies and responded well to it, continue to tolerate it and maintain a good response

Submission date
28/10/2023

Recruitment status
Recruiting

Registration date
18/12/2023

Overall study status
Ongoing

Last Edited
21/05/2024

Condition category
Haematological Disorders

[X] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[ ] Record updated in last year

Plain English summary of protocol

Background and study aims
Paroxysmal nocturnal haemoglobinuria (PNH) is a rare blood disease that causes red blood cells to break apart, releasing the haemoglobin inside. This happens because the surface of a person's blood cells is missing a protein that protects them from the body's immune system. The release of haemoglobin causes many of the PNH symptoms like dark urine, anaemia, tiredness, difficulty swallowing and stomach pain. If left untreated, PNH can lead to serious medical complications.
This is a study to determine whether participants who have received the investigational medicine called OMS906 in two previous PNH studies and responded well to it, continue to find it safe, tolerate it well and maintain a good response to it.
OMS906 is an antibody. Antibodies work by binding to specific proteins in the body so that the harmful effect of that protein (or pathogens such as viruses) are removed. OMS906 binds to proteins involved in a specific part of the immune system. As a result, it is hoped the red blood cells in PNH patients which are missing a surface protein will not be attacked by the immune system and not break apart, thereby improving PNH symptoms, or by stopping PNH symptoms from getting worse.

Who can participate?
The study will include up to 25 participants who are over 18 years old and have participated in one of two previous OMS906 studies; one for PNH patients who had received ravulizumab previously but with only a partial response to it, and one for PNH patients who had not received previous treatment.

What does the study involve?
The study will include one evaluation visit and up to 14 treatment visits (at 8 weekly intervals) over a 2-year period.
The participants PNH symptoms will be closely monitored during the study and results from the study may be used to develop future treatments for PNH.
The study is organised and funded by Omeros Corporation a biopharmaceutical company

developing PNH treatments and is being conducted at St. Jame's University Hospital in the UK and at 4 other centres in Europe.

What are the possible benefits and risks of participating?
Benefits:
Participating in the long-term extension may benefit a patient by the continued good response in terms of less anaemia, and thereby less tiredness, but this cannot be guaranteed.
Risks:
OMS906 has been given to 54 healthy volunteers. A single-dose sub-cutaneous (SC) and IV administration of OMS906 has been generally well tolerated in all volunteers. In addition, OMS906 has been given to about 25 patients in the previous PNH studies and has appeared safe and well tolerated to date. However, as with any investigational new drug or research study procedure, there may be risks that are not known that may be serious and may even cause death. To date, the following, having been identified in animal studies and/or clinical studies, are considered as possible risks associated with giving OMS906 in humans at clinically important doses:
ALLERGIC REACTIONS: All medications can cause allergic reactions that can be mild or more serious and can result in death.
BIRTH DEFECTS (if given during pregnancy): Females who are/trying to get pregnant or are breastfeeding are excluded. Females able to become pregnant and men with a female partner able to become pregnant must use highly effective contraceptive measures during OMS906 administration and for at least 20 weeks after the last dose of OMS906.
INFECTION OR WORSENING OF EXISTING INFECTION BY CERTAIN BACTERIA: Vaccination against N. meningitidis, S. Pneumoniae and H. Influenza are required for this study. To mitigate the risk of infection, participants will be counseled and reminded of the early signs and symptoms of infection.
INFUSION/INJECTION SITE REACTIONS: These may occur such as redness, bruising, soreness or pain, or swelling in the arm or hand where the cannula is inserted.
PROCEDURAL: Risks associated with blood draws and ECG are given in the PIS.
INTERACTIONS WITH OTHER MEDICATIONS: The side effects and risks of taking OMS906 may change when it is taken with other medications, so it is very important for the participant to tell the Study Nurse about any medications (prescribed or over-the-counter) that they are taking. Participants cannot be in this study if they are taking any other unapproved medication.

The participants will be closely monitored for infections, vital signs, liver function, haematology parameters, and potential injection and infusion site reactions.

Where is the study run from?
Omeros (USA)

When is the study starting and how long is it expected to run for?
October 2023 to December 2026

Who is funding the study?
Omeros (USA)

Who is the main contact?
ctinfo@omeros.com

Contact information

Type(s)
Public, Scientific

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Additional identifiers

EudraCT/CTIS number
Nil known

IRAS number
1008856

ClinicalTrials.gov number
Nil known

Secondary identifying numbers
OMS906-PNH-003, IRAS 1008856, CPMS 58992

Study information

Scientific Title
An open-label study to evaluate the long-term safety, tolerability and efficacy of OMS906 in patients with paroxysmal nocturnal hemoglobinuria (PNH)

Acronym
OMS906 PNH Long-term Extension Study

Study objectives
Primary objective:
To assess long-term safety and tolerability of repeat-dose OMS906 5 mg/kg IV administration at 8-week intervals in patients with PNH.

Secondary objectives:
1. To assess long-term efficacy by the effect on haemolysis and anaemia measured by haemoglobin (Hb), LDH, and red blood cell (RBC) transfusion burden
2. To assess the incidence of breakthrough haemolysis
3. To assess population pharmacokinetics (PK) and pharmacodynamics (PD)
4. To assess anti-drug antibodies (ADAs)
5. To assess the effect of OMS906 on Quality of Life, using the Functional Assessment of Chronic Illness Therapy (FACIT)-fatigue scale

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 13/12/2023, London - Chelsea Research Ethics Committee (Research Ethics Committee (REC), London Centre, 2 Redman Place, Stratford, London, E20 1JQ, United Kingdom; +44 (0)20 7104 8150; chelsea.rec@hra.nhs.uk), ref: 23/LO/0944

Study design
Interventional non randomized

Primary study design
Interventional

Secondary study design
Non randomised study

Study setting(s)
Hospital

Study type(s)
Safety, Efficacy

Participant information sheet
No participant information sheet available

Health condition(s) or problem(s) studied
Paroxysmal Nocturnal Hemoglobinuria (PNH)

Interventions
All patients will receive OMS906 at 5 mg/kg at intervals of every 8 weeks by intravenous infusion. Patients will be followed up at 8 weekly intervals for at least 2 years, a total of 14 visits.

Intervention Type
Drug

Pharmaceutical study type(s)
Pharmacokinetic, Pharmacodynamic, Therapy

Phase
Phase II

Drug/device/biological/vaccine name(s)
OMS906

Primary outcome measure
The primary endpoints are safety and tolerability as assessed by AEs, vital signs, 12-lead ECGs, and clinical laboratory tests assessed from evaluation visit to end of study/termination.

Secondary outcome measures
1. Efficacy as measured by:
1.1. Proportion of patients achieving Hb ≥ 12.0 g/dL assessed at 6-month intervals
1.2. Proportion of patients maintaining an increase in Hb ≥ 2 g/dL, achieved in the prior study, through the duration of the long-term extension assessed at 6-month intervals
1.3. Proportion of patients who are transfusion free at Weeks 48 and 96
1.4. Mean change from baseline in transfusion frequency from the start of the long-term extension at Weeks 48 and 96
1.5. Mean LDH change from baseline, from the start of the long-term extension, at Weeks 48 and 96
1.6. Mean change in reticulocyte count from baseline, from the start of the long-term extension, at Weeks 48 and 96
1.7. Proportion of patients experiencing clinical breakthrough hemolysis at Weeks 48 and 96
2. OMS906 population PK and PD (mature CFD) parameters assessed at day 1, treatment visits and at the end of study visit.
3. Incidence of ADAs in serum at Weeks 24, 48, 72, and 96
4. Change in FACIT-fatigue at Weeks 24, 48, 72, and 96

Overall study start date
26/10/2023

Completion date
31/12/2026

Eligibility

Key inclusion criteria
1. Have completed the last dosing visit of the prior OMS906 PNH study
2. Female patients of CBP must have a negative result from a highly sensitive urine pregnancy test prior to each dose of OMS906
3. Females must use highly effective birth control to prevent pregnancy during the clinical trial and for 20 weeks (140 days) following their last dose of study drug. If a female, must be sterile (either surgically or biologically)* or at least one year postmenopausal**, or have a monogamous partner who is surgically sterile, or have a same sex partner, or if in a heterosexual relationship, must agree to comply with the following contraception guidelines:
3.1. Practice abstinence (only considered an acceptable method of contraception when it is in line with the patients' usual and preferred lifestyle and the patient agrees to refrain from

heterosexual intercourse during the entire period of risk associated with the study treatments, including during the clinical trial and for 20 weeks [140 days] following their last dose of study drug), or
3.2. Use at least 1 of the following medically acceptable methods of birth control: hormonal methods (combined estrogen-and-progestogen-containing hormonal contraception associated with inhibition of ovulation [oral, intravaginal, transdermal] or progestogen only hormonal contraception associated with inhibition of ovulation [oral, injectable, implantable]), intrauterine devices, intrauterine hormone-releasing systems, or a vasectomized partner.
3.3. Defined as having had a hysterectomy and/or bilateral oophorectomy, bilateral salpingectomy or bilateral tubal ligation/occlusion at least 6 weeks prior to the Evaluation Period; or have a congenital or acquired condition that prevents childbearing.
** Defined as at least 12 months with no menses without an alternative medical cause (confirmed with follicle stimulating hormone level [FSH] in the postmenopausal range [FSH levels ≥ 40 mIU/mL during the Evaluation Period] if the patient is not using hormonal contraception or on hormonal replacement therapy). In the absence of 12 months of amenorrhea, a single FSH measurement is insufficient.
4. Males must use highly effective birth control with a female partner to prevent pregnancy during the clinical trial and for 20 weeks (140 days) following their last dose of study drug that include the following:
4.1. Practice abstinence (only considered an acceptable method of contraception when it is in line with the patients' usual and preferred lifestyle and the patient agrees to refrain from heterosexual intercourse during the entire period of risk associated with the study treatments, including during the clinical trial and for 20 weeks [140 days] following their last dose of study drug), or
4.2. Use (or have their partner use) acceptable highly effective contraception (see Criterion No. 3) during heterosexual activity.
5. Have current vaccination status for Neisseria meningitidis, Streptococcus pneumonia and Haemophilus influenza and agree to maintain vaccination throughout the study.
6. Have provided informed consent.

Participant type(s)
Patient

Age group
Adult

Lower age limit
18 Years

Sex
Both

Target number of participants
25

Key exclusion criteria
1. Platelet count < 30,000/μL or absolute neutrophil count < 500 cells/μL at the start of the Evaluation Period
2. Elevation of liver function tests, defined as total bilirubin > 2 × ULN, direct bilirubin > 1.5 × ULN, and elevated transaminases, ALT or AST, > 2 × ULN unless due to PNH related hemolysis.
3. History of any severe hypersensitivity reactions to other monoclonal antibodies or excipients

included in the OMS906 preparation.
4. Patients with unresolved serious infections caused by encapsulated bacteria including H. influenzae, S. pneumoniae and N. meningitidis.
5. Pregnant, planning to become pregnant, or nursing female patients.
6. History of any significant medical, neurologic, or psychiatric disorder that in the opinion of the Investigator would make the patient unsuitable for participation in the long-term extension.
7. Unable or unwilling to comply with the requirements of the study.

Date of first enrolment
15/02/2024

Date of final enrolment
31/12/2026

Locations

Countries of recruitment
Germany

Switzerland

Ukraine

United Kingdom

Study participating centre
-
United Kingdom
-

Sponsor information

Organisation
Omeros Corporation (United States)

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Sponsor type
Industry

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ROR
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Funder(s)

Funder type
Industry

Funder Name
Omeros Corporation

Alternative Name(s)
Omeros, Omeros Corp, OMS

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

Intention to publish date
31/12/2026

Individual participant data (IPD) sharing plan
For reasons of intellectual property 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