

# A study testing the safety and effects of FB-102 in healthy volunteers

<b>Submission date</b> 18/05/2026	<b>Recruitment status</b> Not yet recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 28/05/2026	<b>Overall study status</b> Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 28/05/2026	<b>Condition category</b> Other	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

**Plain English summary of protocol**  
Not provided at time of registration

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# Additional identifiers

## Study information

### Scientific Title

A phase 1, randomized, double-blind, placebo-controlled trial to evaluate the safety and effects after single and multiple dose administration of FB-102

### Study objectives

The purpose of this Phase 1 trial is to evaluate the safety and effects of FB-102 in healthy volunteers following single and multiple doses.

### Ethics approval required

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### Ethics approval(s)

submitted 25/05/2026, Bellberry Human Research Ethics Committee A (Level 1, 196 Greenhill Road Eastwood Adelaide South Australia 5063, Eastwood, 5063, Australia; 0883613222; bellberry@bellberry.com.au), ref: 2026-04-572

### Primary study design

Interventional

### Allocation

Randomized controlled trial

### Masking

Blinded (masking used)

### Control

Placebo

### Assignment

Sequential

### Purpose

Basic science

### Study type(s)

### Health condition(s) or problem(s) studied

Healthy volunteer

### Interventions

Intervention Description

Experimental interventions consist of FB-102 administered as either a single dose or multiple doses, compared with a placebo control.

FB-102 (Investigation Product, IP)

Part A (single ascending dose, SAD), participants will receive a single subcutaneous or IV dose of FB-102. Participants will be randomized in a 3:1 ratio of FB-102 or placebo.

Part B (multiple ascending dose, MAD), participants will receive multiple subcutaneous doses of FB-102. Participants will be randomized in a 3:1 ratio of FB-102 or placebo.

Placebo comparator:

The placebo will be administered on the same schedule as the corresponding FB-102 cohort in accordance with the 3:1 randomization schema.

The randomization code will be generated by our statistician, and randomization will occur manually at the site by an unblinded pharmacist who will not otherwise be involved in the study.

## **Intervention Type**

Biological/Vaccine

## **Phase**

Phase I

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

FB-102

## **Primary outcome(s)**

1. Incidence, severity, and relationship to treatment of treatment-emergent adverse events (TEAEs) measured using data collected from electronic Case Report Forms (eCFR) from day 1 to day 85 (end of treatment visit) at one time point

## **Key secondary outcome(s)**

## **Completion date**

17/02/2027

# **Eligibility**

## **Key inclusion criteria**

1. Body mass index (BMI) between 18.0 and 32.0kg/m<sup>2</sup>, inclusive, at Screening
2. Weight  $\geq$ 50 kg and  $\leq$ 100kg
3. Men are required to agree to practice true abstinence; be surgically sterilized (performed at least 6 months prior and documented to no longer produce sperm - verbal confirmation through medical history review acceptable); or agree to use a condom plus effective contraception for their female partner if of childbearing potential, from Screening and for at least 90 days after the EOT visit and refrain from donating sperm during this period. Effective contraception includes established use of hormonal contraception beginning at least
4. Women are eligible to participate if they are not pregnant, not breastfeeding, and at least 1 of the following conditions apply:
  - 4.1. Not of childbearing potential, defined as surgically sterile (hysterectomy, bilateral salpingectomy, tubal ligation or bilateral oophorectomy - verbal confirmation through medical history review is acceptable)
  - 4.2. Postmenopausal (no menses for 12 months and confirmed by follicle-stimulating hormone [FSH] level  $\geq$ 40 mIU/mL)

4.3. Of childbearing potential and agree to practice true abstinence or agree to use a highly effective method of contraception consistently from 30 days prior to the Screening visit until the EOT visit and are required to agree not to donate ova during the trial and for 90 days after the EOT visit

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Upper age limit**

60 years

**Sex**

All

**Total final enrolment**

0

**Key exclusion criteria**

1. Any clinically significant medical condition malignancy allergy infection or immunosuppressive condition as determined by the Investigator except cured basal or squamous cell skin cancer
2. Alkaline phosphatase (ALP), aspartate transaminase (AST), alanine transaminase (ALT), and/or total bilirubin  $>1.5\times$  the upper limit of normal (ULN). Participants with bilirubin  $>2\times$  ULN that have a documented diagnosis of Gilbert's syndrome can be enrolled at the Investigator's discretion
3. History of malignancy of any organ system (other than localized basal cell carcinoma of the skin or in situ cervical cancer considered treated and cured), treated or untreated, within 5 years before Screening, regardless of whether there is no evidence of local recurrence or metastases
4. Positive for hepatitis B surface antigen (HBsAg), anti-hepatitis C virus (HCV) antibodies, anti-human immunodeficiency virus (HIV) 1 and 2 antibodies, or interferon-gamma release assay (IGRA) for tuberculosis

**Date of first enrolment**

05/06/2026

**Date of final enrolment**

03/11/2026

**Locations**

**Countries of recruitment**

Australia

**Study participating centre**

**University of Sunshine Coast, Morayfield**  
Eastwood  
Australia  
4556

## **Sponsor information**

**Organisation**  
Fortebioscience

## **Funder(s)**

**Funder type**

**Funder Name**  
Fortebioscience

## **Results and Publications**

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

**IPD sharing plan summary**  
Not expected to be made available