




# Essai Clinique

Généré le 12 mai 2025 à partir de

Titre	Étude de phase 1b/3 associant Bemarituzumab/Chimiothérapie/Nivolumab versus Bemarituzumab/Chimiothérapie/Placebo chez les patients avec un adénocarcinome gastrique ou de la JGE non-traité, de stade avancé et surexprimant FGFR2b
Protocole ID	FORTITUDE-102
ClinicalTrials.gov ID	<a href="#">NCT05111626</a>
Type(s) de cancer	Estomac Oesophage
Phase	Phase I
Type étude	Clinique
Médicament	Bemarituzumab + chimiothérapie et nivolumab versus placebo + chimiothérapie et nivolumab
Institution	CHU DE QUEBEC – UNIVERSITE LAVAL  L'HOTEL-DIEU DE QUEBEC ET CRCEO 11 Côte du Palais, Québec, QC, G1R 2J6
Ville	
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Statut	Fermé
Date d'activation	23-11-2022
But étude	The main objective of Part 1 is to evaluate the safety and tolerability of bemarituzumab plus 5-fluorouracil, leucovorin, and oxaliplatin (mFOLFOX6) and nivolumab. The main objective Part 2 is to compare efficacy of bemarituzumab plus mFOLFOX6 and nivolumab to placebo plus mFOLFOX6 and nivolumab as assessed by overall survival.
Critères d'éligibilité	<b>Inclusion Criteria Part 1 and Part 2:</b> <ul style="list-style-type: none"><li>• Adult with unresectable, locally advanced or metastatic (not amenable to curative therapy) histologically documented gastric or gastroesophageal junction adenocarcinoma</li><li>• Eastern Cooperative Oncology Group (ECOG) performance status of 0 to 1</li><li>• Measurable disease or non-measurable, but evaluable disease, according to Response Evaluation Criteria in Solid Tumours version 1.1 (RECIST v1.1)</li><li>• Participant has no contraindications to mFOLFOX6 chemotherapy or nivolumab</li><li>• Adequate organ function as follows:<ul style="list-style-type: none"><li>• Absolute neutrophil count <math>\geq 1.5 \times 10^9/L</math></li><li>• Platelet count <math>\geq 100 \times 10^9/L</math></li><li>• Hemoglobin <math>\geq 9</math> g/dL without red blood cell (RBC) transfusion within 7 days prior to the first dose of study treatment</li><li>• Aspartate aminotransaminase (AST) and Alanine aminotransaminase (ALT) <math>&lt; 3 \times</math> upper limit of normal (ULN) (or <math>&lt; 5 \times</math> ULN if liver involvement)</li><li>• Total bilirubin <math>&lt; 1.5 \times</math> ULN (or <math>&lt; 2 \times</math> ULN if liver involvement or Gilbert's disease)</li><li>• Calculated or measured creatinine clearance (CrCl) of <math>\geq 50</math> mL/minute calculated using the formula of Cockcroft and Gault</li><li>• International Normalized Ratio (INR) or prothrombin time (PT) <math>&lt; 1.5 \times</math> ULN except for participants receiving anticoagulation, who must be on a stable dose of anticoagulant therapy for 6 weeks prior to enrollment</li></ul></li></ul> <b>Additional Inclusion Criteria Part 2:</b>

	<ul style="list-style-type: none"> <li>• No prior treatment for metastatic or unresectable disease except for a maximum of 1 dose of mFOLFOX6 with or without nivolumab. Prior adjuvant, neo-adjuvant, and peri-operative therapy is allowed, provided it has been completed more than 6 months prior to the first dose of study treatment</li> <li>• Fibroblast growth factor receptor 2b (FGFR2b) overexpression positive as determined by centrally performed immunohistochemistry (IHC) testing based on tumor sample either archival (obtained within 6 months/180 days prior to signing pre-screening informed consent) or a fresh biopsy.</li> </ul>
Critères d'exclusion	<ul style="list-style-type: none"> <li>• Prior treatment with any selective inhibitor of the fibroblast growth factor (FGF)-FGFR pathway</li> <li>• Known positive human epidermal growth factor receptor 2 (HER2) status</li> <li>• Untreated or symptomatic central nervous system disease metastases and leptomeningeal disease</li> <li>• Peripheral sensory neuropathy grade 2 or higher</li> <li>• Clinically significant cardiac disease</li> <li>• Other malignancy within the last 2 years (exceptions for definitively treated disease)</li> <li>• Chronic or systemic ophthalmologic disorders</li> <li>• Major surgery or other investigational study within 28 days prior to randomization</li> <li>• Palliative radiotherapy within 14 days prior to randomization</li> <li>• Abnormalities of the cornea that may pose an increased risk of developing a corneal ulcer</li> <li>• Active autoimmune disease that has required systemic treatment (except replacement therapy) within the past 2 years or any other diseases requiring immunosuppressive therapy while on study</li> </ul>