Oral Pacritinib Versus Best Available Therapy to Treat Myelofibrosis With Thrombocytopenia (PAC326)

Purpose

The primary hypothesis of the study is that treatment with either once-daily or twice-daily pacritinib results in a greater proportion of patients with thrombocytopenia and myelofibrosis achieving ≥ 35% reduction in spleen volume from baseline to Week 24 than treatment with Best Available Therapy, and a greater proportion of patients achieving a ≥ 50% reduction in total symptom score from baseline to Week 24 as measured by the Myeloproliferative Neoplasm Symptom Assessment Form 2.0.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Intervention</th>
<th>Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Myelofibrosis</td>
<td>Drug: Pacritinib</td>
<td>Phase 3</td>
</tr>
<tr>
<td>Post-polycythemia Vera Myelofibrosis</td>
<td>Drug: Best Available Therapy</td>
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<tr>
<td>Post-essential Thrombocytopenia Myelofibrosis</td>
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</table>

Resource links provided by NLM:

Genetics Home Reference related topics: essential thrombocytopenia, polycythemia vera, primary myelofibrosis

Genetic and Rare Diseases Information Center resources: Chronic Myeloproliferative Disorders, Essential Thrombocytopenia, Myelofibrosis

U.S. FDA Resources

Further study details as provided by CTI BioPharma:

Primary Outcome Measures:

* Efficacy [ Time Frame: Baseline to Week 24 ] [ Designated as safety issue: No ]
To compare the efficacy of two dose-schedule arms of pacritinib (pooled once-daily and twice-daily dosing arms) with that of Best Available Therapy in patients with thrombocytopenia and primary myelofibrosis, post-polycythemia vera myelofibrosis, or post-essential thrombocythemia myelofibrosis; the efficacy measure for this analysis is the proportion of patients achieving a ≥ 35% reduction in spleen volume from baseline to week 24 by magnetic resonance imaging (MRI) or computed tomography (CT) and the proportion of patients achieving a ≥ 50% reduction in total symptom score from baseline to Week 24 as measured by the Myeloproliferative Neoplasm Symptom Assessment Form 2.0.

Secondary Outcome Measures:

- **Efficacy [ Time Frame: Baseline to Week 24 ] [ Designated as safety issue: No ]**
  To compare the efficacy of once-daily pacritinib with that of Best Available Therapy, as assessed by the proportion of patients achieving a ≥ 35% reduction in spleen volume from baseline to Week 24 by magnetic resonance imaging (MRI) or computed tomography (CT) and the proportion of patients achieving a ≥ 50% reduction in the total symptom score from baseline to Week 24 on the Myeloproliferative Neoplasm Symptom Assessment Form 2.0.

- **Efficacy [ Time Frame: Baseline to Week 24 ] [ Designated as safety issue: No ]**
  To compare the efficacy of twice-daily pacritinib with that of Best Available Therapy, as assessed by the proportion of patients achieving a ≥ 35% reduction in spleen volume from baseline to Week 24 by magnetic resonance imaging (MRI) or computed tomography (CT) and the proportion of patients achieving a ≥ 50% reduction in the total symptom score from baseline to Week 24 on the myeloproliferate Neoplasm Symptom Assessment Form 2.0.

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**Arms**

<table>
<thead>
<tr>
<th>Arms</th>
<th>Assigned Interventions</th>
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<tbody>
<tr>
<td>Experimental: Pacritinib, Once Daily</td>
<td>Drug: Pacritinib</td>
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<tr>
<td>Pacritinib 400 mg taken orally, once daily</td>
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</tr>
<tr>
<td>Experimental: Pacritinib, Twice Daily</td>
<td>Drug: Pacritinib</td>
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<tr>
<td>Pacritinib 200 mg taken orally, twice daily</td>
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<tr>
<td>Active Comparator: Best Available Therapy</td>
<td>Drug: Best Available Therapy</td>
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<tr>
<td>Best Available Therapy includes any physician-selected treatment for primary myelofibrosis, post-polycythemia vera myelofibrosis, or post-essential thrombocythemia myelofibrosis, such as approved JAK2 inhibitors, and may include any treatment received before study entry. Best Available Therapy may include ruxolitinib, other approved JAK2 inhibitors, hydroxyurea, glucocorticoids, erythropoietic agents, immunomodulatory agents, mercaptopurine, danazol, interferons, cytarabine, melphalan, or other agents and may also include no treatment and symptom-directed treatment without myelofibrosis-specific treatment.</td>
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**Eligibility**

- **Ages Eligible for Study:** 18 Years and older
- **Genders Eligible for Study:** Both
- **Accepts Healthy Volunteers:** No

**Criteria**

**Inclusion Criteria:**
- Intermediate -1 or -2 or high-risk Myelofibrosis (per Passamonti et al 2010)
- Thrombocytopenia (platelet count ≤ 100,000/µL) at any time after signing informed consent
- Palpable splenomegaly ≥ 5 cm on physical examination
- Total Symptom Score ≥ 13 on the MPN-SAF TSS 2.0, not including the inactivity question
- Patients who are platelet or red blood cell transfusion-dependent are eligible
- Adequate white blood cell counts (with low blast counts), liver function, and renal function
- At least 6 months from prior splenic irradiation
At least 1-4 weeks since prior myelofibrosis therapy, including any erythropoietic or thrombopoietic agent

- Not pregnant, not lactating, and agree to use effective birth control

- Able and willing to undergo frequent MRI or CT assessments and complete symptom assessments using a patient-reported outcome instrument

**Exclusion Criteria:**

- Prior treatment with more than 2 JAK2 inhibitors or with pacritinib

- There is no maximum cumulative prior JAK2 inhibitor treatment

- History of (or plans to undergo) spleen removal surgery or allogeneic stem cell transplant

- Ongoing gastrointestinal medical condition such as Crohn's disease, inflammatory bowel disease, chronic diarrhea, or constipation

- Active bleeding that requires hospitalization during the screening period

- Cardiovascular disease, including recent history or currently clinically symptomatic and uncontrolled: congestive heart failure, arrhythmia, angina, QTc prolongation or other QTc risk factors, myocardial infarction

- Other malignancy within last 3 years other than certain limited skin, cervical, prostate, breast, or bladder cancers

- Other ongoing, uncontrolled illnesses (including HIV infection and active hepatitis A, B, or C), psychiatric disorder, or social situation that would prevent good care on this study

- Life expectancy < 6 months

**Contacts and Locations**

Choosing to participate in a study is an important personal decision. Talk with your doctor and family members or friends about deciding to join a study. To learn more about this study, you or your doctor may contact the study research staff using the Contacts provided below. For general information, see [Learn About Clinical Studies](#).

Please refer to this study by its ClinicalTrials.gov identifier: NCT02055781

**Contacts**

Contact: Valentina Zhukova-Harrill, MD  +44 (0) 131-200-6320

Contact: Gordon Thomson, PM  +44 (0) 131-440-6441

Show 76 Study Locations

**Sponsors and Collaborators**

CTI BioPharma

**Investigators**

Study Director: Mary Campbell, MD  CTI BioPharma

**More Information**

No publications provided

<table>
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<th>Responsible Party:</th>
<th>CTI BioPharma</th>
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<td>NCT02055781  History of Changes</td>
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<td>Other Study ID Numbers:</td>
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<td>February 3, 2014</td>
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<td>Last Updated:</td>
<td>December 4, 2014</td>
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<td>Health Authority:</td>
<td>United States: Food and Drug Administration</td>
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**Keyw ords provided by CTI BioPharma:**

- Hemorrhagic Disorders
- Splenomegaly
- Pacritinib
- MPN-SAF
- MPN-SAF TSS
- Anemia
- Myeloproliferative Neoplasm
- Spleen
- Spleen volume
<table>
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Additional relevant MeSH terms:
- Polycythemia
- Polycythemia Vera
- Primary Myelofibrosis
- Thrombocythemia, Essential
- Thrombocytopenia
- Thrombocytosis

ClinicalTrials.gov processed this record on December 07, 2014