



Evaluate the Pharmacokinetics and Safety of Etavopivat in Pediatric Patients with Sick Cell Disease

20/08/2025 15:10:25

Main Information

Primary registry identifying number

LBCTR2022095118

Protocol number

4202-HEM-202

MOH registration number

Study registered at the country of origin

No

Study registered at the country of origin: Specify

Poor pool of patients with Sick Cell Disease

Type of registration

Prospective

Type of registration: Justify

N/A

Date of registration in national regulatory agency

26/09/2022

Primary sponsor

Forma Therapeutics, Inc.

Primary sponsor: Country of origin

United States of America

Date of registration in primary registry

25/10/2022

Date of registration in national regulatory agency

26/09/2022

Public title

Evaluate the Pharmacokinetics and Safety of Etavopivat in Pediatric Patients with Sick Cell Disease

Acronym

Scientific title

A Single Arm, Open Label, Phase 1/2 Study to Evaluate the Pharmacokinetics and Safety of Etavopivat in Pediatric Patients with Sick Cell Disease

Acronym

Brief summary of the study: English

This clinical trial is a Phase 1/2 study that will evaluate the Pharmacokinetics and Safety of Etavopivat (FT-4202) in Pediatric Patients from 12 to 18 years with Sick Cell Disease to improve the amount of hemoglobin in the blood and to reduce the number of vaso-occlusive crises (times when the blood vessels become blocked and cause pain).

Brief summary of the study: Arabic

في مرضى الأطفال الذين Etavopivat (FT-4202) التي ستقيم الحرائك الدوائية وسلامة 1/2 هذه التجربة السريرية هي دراسة المرحلة عامًا المصابين بمرض الخلايا المنجلية لتحسين كمية الهيموجلوبين في الدم وتقليل العدد من أزمات انسداد 18 و 12 تتراوح أعمارهم بين الأوعية الدموية (الأوقات التي يتم فيها انسداد الأوعية الدموية وتسبب الألم).

Health conditions/problem studied: Specify

Sickle Cell Disease

Interventions: Specify

Drug: Etavopivat (FT-4202)

Key inclusion and exclusion criteria: Inclusion criteria

Type of Participant and Disease Characteristics

1. Patient has confirmed diagnosis of SCD





- Documentation of SCD genotype (HbSS, HbS β 0-thalassemia or other sickle cell syndrome variants) based on prior history of laboratory testing. Molecular genotyping is not required. SCD genotype may be determined from the results of Hb electrophoresis, high-performance liquid chromatography (HPLC), or similar testing. Note that Hb electrophoresis is performed by the local laboratory at Screening.
- 2. Hemoglobin ≥ 5.5 and < 10.5 g/dL
- 3. Adolescent patients with severe SCD, as defined by at least 1 of the following:
 - Two or more VOCs in the past 12 months, defined as a previously documented episode of acute chest syndrome (ACS) or acute painful crisis (for which there was no explanation other than VOC) which required prescription or healthcare professional-instructed use of analgesics for moderate to severe pain
 - Hospitalization for any SCD-related complication in the last 12 months
 - Proteinuria, defined as an albumin:creatinine ratio (ACR) > 100 mg/g on 2 measures (separated by ≥ 1 month) as an indicator of early renal disease
 - History of a conditional TCD in the last 12 months, but not currently being treated with chronic transfusion therapy. Conditional TCD is defined as a TAMMV of 170-199 cm/s by TCD or 155-184 cm/s by imaging TCD (TCDi).
- 4. For participants taking HU, the dose of HU (mg/kg) must be stable (no more than a 20% change in dosing) for at least 90 days prior to start of study treatment with no anticipated need for dose adjustments during the study, in the opinion of the Investigator
- 5. Patients on crizanlizumab or L-glutamine treatment at the time of consent may be eligible if they:
 - Have been on a stable dose for ≥ 12 months at the time of consent (ie, no changes to the dose except for changes to weight or for safety reasons)
 - For patients on crizanlizumab, have been $\geq 80\%$ compliant

Key inclusion and exclusion criteria: Gender

Both

Key inclusion and exclusion criteria: Specify gender**Key inclusion and exclusion criteria: Age minimum**

12

Key inclusion and exclusion criteria: Age maximum

18

Key inclusion and exclusion criteria: Exclusion criteria**Medical Conditions**

1. More than 10 VOCs within the past 12 months that required a hospital, emergency room (ER), or clinic visit
2. Hospitalized for sickle cell crisis or other vaso-occlusive event within 14 days of Screening
3. Abnormal TCD in the prior 12 months

Prior/Concomitant Therapy

4. Patients receiving regularly scheduled blood (RBC) transfusion therapy (also termed chronic, prophylactic, or preventive transfusion)
5. Received any blood products within 30 days of starting study treatment
6. Receiving or use of concomitant medications that are strong inducers of cytochrome P450 (CYP) 3A4/5 within 2 weeks of starting study treatment
7. Use of voxelotor within 28 days prior to starting study treatment or anticipated need for this agent during the study
8. Receipt of erythropoietin or other hematopoietic growth factor treatment within 28 days of starting study treatment or anticipated need for such agents during the study
9. Receipt of prior cellular based therapy (eg, hematopoietic cell transplant, gene modification therapy)

Type of study

Interventional

Type of intervention

Pharmaceutical

Type of intervention: Specify type

N/A

Trial scope

Other

Trial scope: Specify scope**Study design: Allocation**

Single Arm Study

Study design: Masking

Open (masking not used)

Study design: Control

Active

Study phase

1 to 2

Study design: Purpose

Treatment

Study design: Specify purpose

N/A

Study design: Assignment

Single

Study design: Specify assignment

N/A

IMP has market authorization

No

IMP has market authorization: Specify



| | | |
|--|---|-------------------------------|
| Name of IMP | Year of authorization | Month of authorization |
| - | | |
| Type of IMP | | |
| Others | | |
| Pharmaceutical class | | |
| Antianaemics- Pyruvate kinase red blood cell isozyme (PKR) agonist | | |
| Therapeutic indication | | |
| Sickle Cell Disease | | |
| Therapeutic benefit | | |
| Etavopivat is an investigational, oral, small molecule activator of erythrocyte pyruvate kinase (PKR) in development for the treatment of sickle cell disease (SCD) and other hemoglobinopathies. PKR activation is proposed to ameliorate the sickling of SCD red blood cells (RBCs) through multiple mechanisms, including reduction of 2,3-diphosphoglycerate (2,3-DPG), which consequently increases hemoglobin (Hb)-oxygen affinity; increased binding of oxygen reduces sickle hemoglobin polymerization and sickling. In addition, PKR activation increases adenosine triphosphate (ATP) produced via glycolytic flux, which helps preserve membrane integrity and RBC deformability. | | |
| Study model | Study model: Explain model | |
| N/A | N/A | |
| Study model: Specify model | | |
| N/A | | |
| Time perspective | Time perspective: Explain time perspective | |
| N/A | N/A | |
| Time perspective: Specify perspective | | |
| N/A | | |
| Target follow-up duration | Target follow-up duration: Unit | |
| | | |
| Number of groups/cohorts | | |
| | | |
| Biospecimen retention | Biospecimen description | |
| Samples without DNA | PK and PD samples | |
| Target sample size | Actual enrollment target size | |
| 8 | | |
| Date of first enrollment: Type | Date of first enrollment: Date | |
| Anticipated | 15/11/2022 | |
| Date of study closure: Type | Date of study closure: Date | |
| | | |



Anticipated

12/09/2026

Recruitment status

Recruitment status: Specify

Pending

Date of completion

IPD sharing statement plan

IPD sharing statement description

No

N/A

Additional data URL

Admin comments

Trial status

Approved

Secondary Identifying Numbers

| Full name of issuing authority | Secondary identifying number |
|--------------------------------|------------------------------|
| N/A | N/A |

Sources of Monetary or Material Support

| Name |
|------------------------------|
| Forma Therapeutics, Inc. USA |

Secondary Sponsors

| Name |
|------|
| N/A |



Contact for Public/Scientific Queries

| Contact type | Contact full name | Address | Country | Telephone | Email | Affiliation |
|--------------|-------------------|--|--------------------------|-----------------|------------------------------|--------------------------|
| Public | Mohamed Salloum | Saint Therese street, Beirut | Lebanon | +961 81967 578 | mohamed.salloum@iqvia.com | IQVIA |
| Scientific | Cameron Trenor | 300 North Beacon Street, Suite 501 Watertown, MA 02472 | United States of America | +1-857-209-2374 | 4202-202Clinical@formarx.com | Forma Therapeutics, Inc. |

Centers/Hospitals Involved in the Study

| Center/Hospital name | Name of principles investigator | Principles investigator speciality | Ethical approval |
|--|---------------------------------|------------------------------------|------------------|
| Nini Hospital s.a.l. | Dr. Adlette Inati | Hematology | Approved |
| American University of Beirut Medical Center | Dr. Miguel Abboud | Hematology | Pending |

Ethics Review

| Ethics approval obtained | Approval date | Contact name | Contact email | Contact phone |
|--------------------------|---------------|-----------------|---------------|---------------|
| Nini Hospital | 26/08/2022 | Dr. Elias Bitar | - | +9616431400 |

Countries of Recruitment

| Name |
|---------|
| Lebanon |
| Canada |

Health Conditions or Problems Studied

| Condition | Code | Keyword |
|-------------|-----------------------------|---|
| Sickle Cell | Sickle-cell disorders (D57) | Hematology, Blood diseases, Sickle Cell |

Interventions

| Intervention | Description | Keyword |
|--------------|----------------------|---------|
| Drug | Etavopivat (FT-4202) | - |



Primary Outcomes

| Name | Time Points | Measure |
|---|---|---|
| To assess the PK of etavopivat in patients with SCD | - | Single-dose: maximum concentration (C _{max}), area under the concentration time curve (AUC) _{0-t} , AUC _{0-inf} |
| To assess the PK of etavopivat in patients with SCD | - | Steady-state etavopivat plasma exposure (C _{max,ss} , AUC _{tau,ss} , C _{avg,ss} , C _{min,ss}) |
| To assess the PK of etavopivat in patients with SCD | - | Estimated using population PK |
| To assess the safety and tolerability of etavopivat | During the 24-week primary treatment period | Incidence of adverse events (AEs), serious adverse events (SAEs), and AEs related to etavopivat |
| To assess the safety and tolerability of etavopivat | During the 24-week primary treatment period | Number of premature discontinuations, dose interruptions, and dose reductions |

Key Secondary Outcomes

| Name | Time Points | Measure |
|---|---|--|
| To assess the safety and tolerability of etavopivat | during the 72-week treatment extension period | Incidence of AEs, SAEs, and AEs related to etavopivat |
| To assess the safety and tolerability of etavopivat | during the 72-week treatment extension period | Number of premature discontinuations, dose interruptions, and dose reductions |
| To assess the effects of etavopivat on hemoglobin (Hb) response | Weeks 12 and 24 | Hb response rate (increase of > 1 g/dL from baseline) |
| To assess the effects of etavopivat on hemoglobin (Hb) response | Weeks 12 and 24 | Change in Hb from baseline |
| To describe occurrence of vaso-occlusive crisis (VOCs) in enrolled patients | - | Change from baseline in incidence of VOCs during the treatment period of: Number of VOCs + Annualized Rate of VOC |
| To assess changes in fatigue of patients with SCD taking etavopivat | Weeks 12 and 24 | Change from baseline in Patient-Reported Outcomes Measurement Information System (PROMIS) Fatigue Scale |
| To assess changes in cerebral blood flow in patients with SCD taking etavopivat | - | Change from baseline in time-averaged mean of the maximum velocity (TAMMV) by transcranial Doppler ultrasonography (TCD) |



Trial Results

Summary results

Study results globally

Date of posting of results summaries

Date of first journal publication of results

Results URL link

Baseline characteristics

Participant flow

Adverse events

Outcome measures

URL to protocol files