HO11401: An Open-Label, Multicenter, Phase Ib Trial of GA101 in Combination with Chemotherapy in Patients with Previously Untreated Chronic Lymphocytic Leukemia

Treatment Plan:

- **GA101 1000mg Day 1** (D1, 8, 15 for 1st cycle only)
- **Bendamustine 90 mg/m2 IV Days 1, 2**

- **28 Day Cycle, 6 cycles total**
- **C1D1 administered on CTRC**

Eligibility:

- Confirmed Diagnosis of CD20 + B-CLL
- Rai Stage III/IV or Binet Stage C Disease
- Rai Stage I/II or Binet Stage B disease that requires Tx, must include one of the following:
  - Evidence of progressive bone marrow failure as manifested by the development or worsening of anemia (Hgb < 11 g/dL) and/or Thrombocytopenia (Plts < 150 K/uL)
  - Massive or progressive or symptomatic splenomegaly
  - Massive lymph nodes (2 or more nodes > 5 cm in greatest transverse diameter) or progressive or symptomatic lymphadenopathy.
  - Progressive lymphocytosis with an increase in peripheral blood lymphocyte count of > 50% over a 2-month period or Lymphocyte doubling time (LDT) of ≤ 6 months, can be determined by extrapolation of absolute lymphocyte counts obtained q 2 weeks over a period of 2-3 months; patients with initial blood lymphocyte counts of > 30,000/uL may require a longer period of observation to determine the LDT. Factors contributing to lymphocytosis or lymphadenopathy other than CLL should be excluded
  - Autoimmune hemolytic anemia poorly responsive to corticosteroids or other standard therapy
  - One or more of the following disease related signs/symptoms:
    - Unintentional weight loss amounting to ≥ 10% within the previous 6 months
    - Significant Fatigue (PS 2 or greater)
    - Fevers >38° C for 2 or more weeks without evidence of infection
    - Night sweats for more than 1 month w/o evidence of infection
- Plts ≥75 K/uL, Hgb > 9 g/dL, ANC > 1500/uL, unless there is clear evidence of extensive BM Involvement with tumor infiltration, myelodysplasia, or hypocellularity
- No Previous treatment for CLL by chemotherapy, radiotherapy, or Immunotherapy, NO Treatment with any other investigational agent or participation in another clinical trial within 28 days prior to the start of C1.
- ECOG PS 0-2
- No Transformation of CLL to aggressive B-cell malignancy
- Creatinine Clearance ≥ 60 mL/min
- AST and ALT < 2.5 x ULN
- Total Bilirubin < 3 x ULN
- NO history of severe allergic or anaphylactic reactions to monoclonal antibody therapy
- NO history of sensitivity to mannitol
- No History of other malignancy that could affect compliance with the protocol or interpretations of results. (Exceptions: basal or squamous cell carcinoma of skin or in situ carcinoma of the cervix)
- No Evidence of significant, uncontrolled concomitant diseases that could affect compliance with the protocol or interpretation of results, including significant Cardiovascular disease or pulmonary disease,
- No known active bacterial, viral, fungal, mycobacterial, or other infection or any major episode of infection requiring treatment with IV antibiotics or hospitalization w/in 4 weeks before the start of C1.
- No recent major surgery
- No known HIV
- Cannot be positive for Hep B surface Ag. Or Hep C (PCR)
- No Concurrent systemic Corticosteroid use except low dose used to treat illness other than lymphoma.

Pre-Study Labs and Tests:

< 14 Days prior to first dose: **LABS:** Cbc w/ diff, Electrolytes, Glucose, BUN, Creat, Calcium, Phosphate, Magnesium, Total bili, Total protein, albumin, ALT, AST, Alk Phos, LD, Uric acid, serum pregnancy, aPTT, INR, Coombs test, HBsAg, HBV core ab, HCV ab, B2M, research kit.

< 28 Days Prior to first dose: **Radiology/Pathology**: ECG, Bone marrow Bx, CT Chest/Abd/Pelvis

For more information contact: Rachel Kirby at (608) 263-7813, pgr#:5088