AOU Città della Salute e della Scienza di Torino – PO Molinette

Titolo:	COMPAS. Studio di fase 3, randomizzato, in doppio cieco, controllato con placebo di pasritamig (JNJ-78278343), un agente di reindirizzamento dei linfociti T mirato alla callicreina umana 2, + migliore terapia di supporto rispetto alla migliore terapia di supporto per il carcinoma prostatico metastatico resistente alla castrazione
Patologia:	Carcinoma prostatico metastatico resistente alla castrazione (mCRPC)
Tipo di Studio:	Interventistico, multicentrico, randomizzato, doppio cieco
Fase:	Fase III
Principali criteri di inclusione:	--mCRPC: Disease that is metastatic either to bone, any lymph node, or both without clear evidence of metastasis to visceral organs at the time of screening. Local-regional invasion (rectum, bladder) can be included. - PSA ≥2 ng/mL at screening. - In the opinion of the investigator, the next best treatment option is a clinical trial. -Participants should have had all life-prolonging therapies for which they are clinically eligible in the opinion of the investigator and to which they have access. Prior therapies could have been given in any disease setting (not limited to mCRPC). - Have an ECOG performance status of 0 to 2
Principali criteri di esclusione:	Solid organ or bone marrow transplantation. Venous thromboembolic events (eg, pulmonary embolism) within 1 month prior to the first dose of study treatment; uncomplicated (Grade ≤2) deep vein thrombosis is not exclusionary. Active autoimmune disease within the 12 months prior to signing consent that requires systemic immunosuppressive medications (eg, chronic corticosteroid, methotrexate, or tacrolimus). Active infection or condition that requires treatment with systemic antibiotics within 7 days prior to the first dose of study treatment. Clinically significant pulmonary compromise, particularly a requirement for supplemental oxygen use (>2 L/min by nasal cannula) to maintain adequate oxygenation Participant has a prior or concurrent second malignancy

	Has known history of either brain or leptomeningeal prostate cancer metastases.
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