

# Meta-analysis to assess cardiovascular safety of mavacamten (CV027-1148)

**First published:** 05/07/2024

**Last updated:** 05/07/2024

Study

Planned

## Administrative details

### PURI

<https://redirect.ema.europa.eu/resource/1000000234>

### EU PAS number

EUPAS1000000234

### Study ID

1000000234

### DARWIN EU® study

No

### Study countries

☐ Australia

☐ Austria

☐ Belgium

- ☐ Brazil
  - ☐ Canada
  - ☐ Chile
  - ☐ China
  - ☐ Denmark
  - ☐ Finland
  - ☐ France
  - ☐ Germany
  - ☐ Greece
  - ☐ Hungary
  - ☐ India
  - ☐ Israel
  - ☐ Italy
  - ☐ Japan
  - ☐ Korea, Democratic People's Republic of
  - ☐ Netherlands
  - ☐ Norway
  - ☐ Poland
  - ☐ Portugal
  - ☐ Spain
  - ☐ Switzerland
  - ☐ United Kingdom
  - ☐ United States
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### **Study description**

This meta-analysis study will utilize the patient-level data from pre-existing secondary data sources (studies) from BMS clinical trial repository to assess the risk of major cardiovascular (CV) outcomes associated with mavacamten compared to placebo treatment in adult participants with symptomatic hypertrophic cardiomyopathy (HCM).

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## Study status

Planned

## Research institutions and networks

### Institutions

**Bristol-Myers Squibb (BMS)**

**First published:** 01/02/2024

**Last updated:** 01/02/2024

**Institution**

### Contact details

#### Study institution contact

Transparency and Disclosure Lead

**Study contact**

[ctt.group@bms.com](mailto:ctt.group@bms.com)

#### Primary lead investigator

Tamara Lesperance

**Primary lead investigator**

### Study timelines

**Date when funding contract was signed**

Actual: 13/06/2023

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### **Study start date**

Planned: 02/02/2025

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### **Date of final study report**

Planned: 01/02/2026

## Sources of funding

- Pharmaceutical company and other private sector

## More details on funding

Bristol-Myers Squibb (BMS) 100%

## Study protocol

[CV0271148-protamend01\\_02Jul2024.pdf](#)(4.05 MB)

## Regulatory

### **Was the study required by a regulatory body?**

Yes

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### **Is the study required by a Risk Management Plan (RMP)?**

EU RMP category 3 (required)

## Methodological aspects

### Study type

### Study type list

**Study topic:**

Human medicinal product

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**Study type:**

Non-interventional study

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**Data collection methods:**

Secondary use of data

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**Main study objective:**

To assess the risk of major CV events observed under mavacamten treatment is non-inferior to the risk presented under placebo treatment.

## Study Design

**Non-interventional study design**

Other

Systematic review and meta-analysis

## Study drug and medical condition

**Name of medicine**

CAMZYOS

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**Name of medicine, other**

mavacamten

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**Anatomical Therapeutic Chemical (ATC) code**

(C01EB) Other cardiac preparations

Other cardiac preparations

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**Medical condition to be studied**

Hypertrophic cardiomyopathy

## Population studied

**Short description of the study population**

The source population is defined by the parent study protocols, ie, adults 18 years of age or older with symptomatic HCM (oHCM and/or nHCM) in existing Phase 3 and 3b/4 studies.

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**Age groups**

Adult and elderly population ( $\geq 18$  years)

Adults (18 to  $< 65$  years)

Adults (18 to  $< 46$  years)

Adults (46 to  $< 65$  years)

Elderly ( $\geq 65$  years)

Adults (65 to  $< 75$  years)

Adults (75 to  $< 85$  years)

Adults (85 years and over)

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**Estimated number of subjects**

964

## Study design details

## **Outcomes**

- Time from first dose to the first occurrence of an e-MACE event. e-MACE event defined as a composite of adjudicated events of CV death, non-fatal myocardial infarction (MI), non-fatal stroke, hospitalization for heart failure (HF), hospitalization for arrhythmia, other CV hospitalization (for events other than heart failure or arrhythmia), or appropriate shock therapy from implanted cardiac device (ICD).
  - The first occurrence of MACE (4-point), where MACE is defined as a composite of adjudicated event of CV death, non-fatal MI, non-fatal stroke, or hospitalization for HF.
  - The first occurrence of MACE-plus, where MACE-plus is defined as a composite of adjudicated event of CV death, non-fatal MI, non-fatal stroke, hospitalization for HF, or hospitalization for arrhythmia, or appropriate shock therapy from ICD.
  - Time from first dose to all-cause mortality.
  - Time from first dose to CV death.
  - Time from first dose to the first occurrence of non-fatal MI.
  - Time from first dose to the first occurrence of non-fatal stroke.
  - Time from first dose to the first occurrence of hospitalization for HF.
  - Time from first dose to the first occurrence of hospitalization for arrhythmia.
  - Time from first dose to the first occurrence of other CV hospitalization (for events other than HF or arrhythmia).
  - Time from first dose to the first occurrence of appropriate shock therapy from ICD.
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## **Data analysis plan**

This meta-analysis will combine evidence using patient-level data from these studies (EXPLORER-HCM, VALOR-HCM, EXPLORER-CN, MEMENTO trials and ODYSSEY-HCM) and appropriate statistical methods will be applied, to allow inference to be made to the population of symptomatic HCM patients. This meta-analysis will be performed within 1 year after the last study is unblinded.

## **Data management**

**Data source(s), other**

Pre-existing secondary data sources from BMS clinical trial repository

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**Data sources (types)**

[Clinical trial](#)

## Use of a Common Data Model (CDM)

**CDM mapping**

No

## Data quality specifications

**Check conformance**

Unknown

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**Check completeness**

Unknown

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**Check stability**

Unknown

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**Check logical consistency**

Unknown

## Data characterisation

**Data characterisation conducted**

No