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CELLO: A Phase IV, Multicenter, Randomized, Double-Blind, Placebo-Controlled Study Assessing Efficacy of Ocrelizumab in Radiologically Isolated Syndrome

Erin E Longbrake,¹ Le H Hua,² Ellen M Mowry,³ Susan A Gauthier,⁴ Enrique Alvarez,⁵ Anne H Cross,⁶ Jinglan Pei,⁷ Jessica Priest,⁷ Ryan C Winger,⁷ David Hafler¹

¹Yale School of Medicine, New Haven, CT, USA; ²Lou Ruvo Center for Brain Health, Cleveland Clinic, Las Vegas, NV, USA; ³The Johns Hopkins University School of Medicine, Baltimore, MD, USA; ⁴Weill Cornell Medical College, New York, NY, USA; ⁵Rocky Mountain Multiple Sclerosis Center at Anschutz Medical Campus, University of Colorado, Aurora, CO, USA; ⁶Washington University School of Medicine, St Louis, MO, USA; ⁷Genentech, Inc., South San Francisco, CA, USA

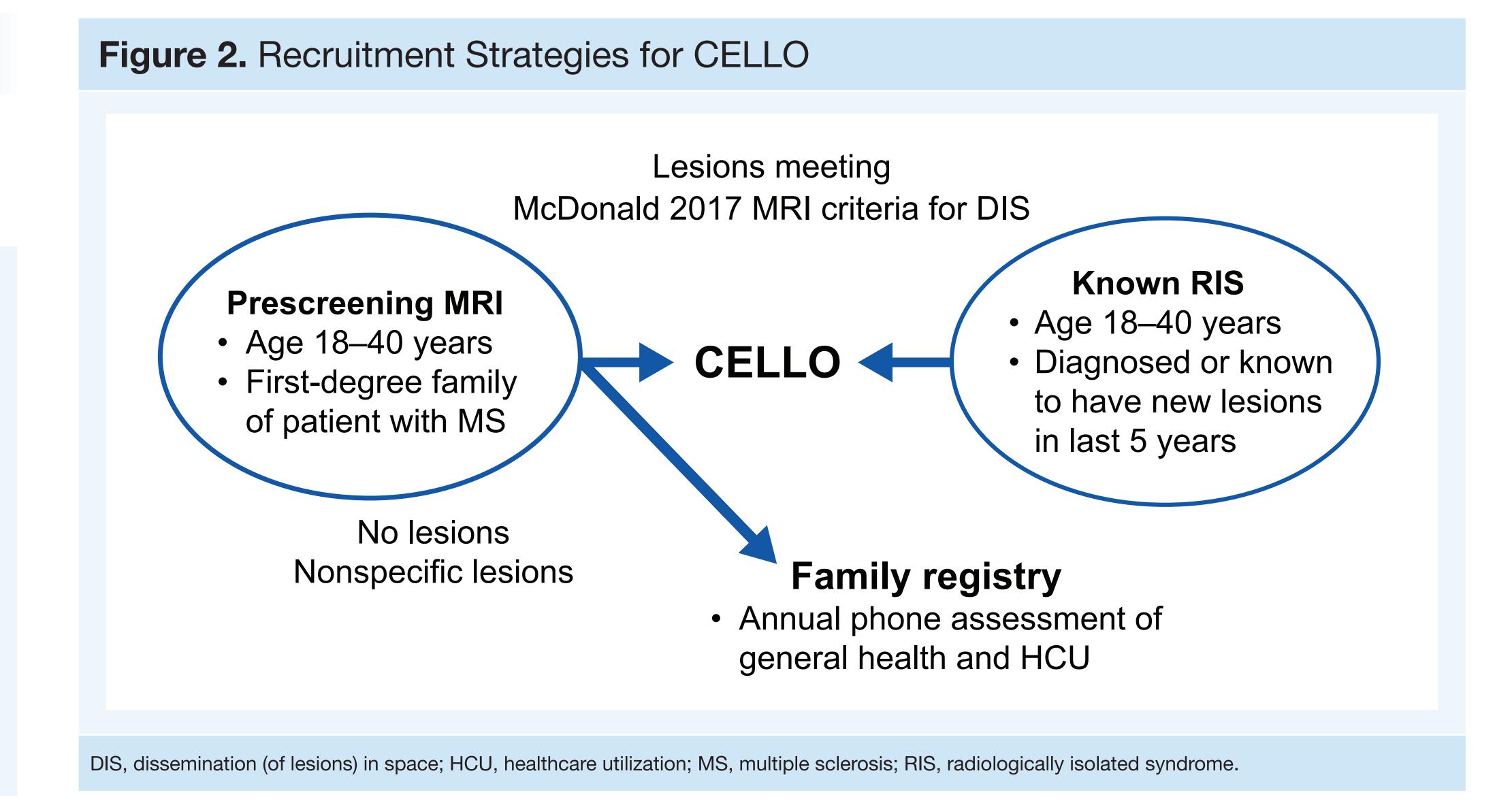
To report the study design of CELLO, a Phase IV, multicenter, randomized, double-blind, placebo-controlled study (NCT04877457), which will assess the efficacy of ocrelizumab (OCR) in delaying development of new radiological or clinical evidence of multiple sclerosis (MS) in patients with radiologically isolated syndrome (RIS)

Patients with RIS exhibit central nervous system lesions, brain atrophy, cognitive impairment and intrathecal inflammation; at least half will develop MS¹

Figure 1. Study Design for CELLO

High-quality data, including immunologic biomarkers, to stratify risk and guide treatment decisions are lacking

Early intervention with OCR may impact the disease course and improve long-term outcomes



(Optional)

Table. Preplanned Biomarker Analysis for CELLO Single-cell RNA sequencing Immunophenotyping (flow cytometry) Soluble biomarker analysis DNA Microbiome Future

Double-blind phase Eligibility criteria 1:1 Randomization Primary objective Ocrelizumab A substudy using Time to development of new radiological or clinical **Age:** 18–40 years single-cell RNA RIS: McDonald 2017 MRI evidence of MS 600 mg 600 mg criteria for DIS sequencing to characterize Screening 300 mg blood and CSF immune RIS: First-degree family (up to 45 days) Secondary and exploratory objectives member of an individual cells will assess markers Placebo with MS found to have DIS Investigation of neuroimaging, serological and associated with conversion on prescreening MRI immunologic biomarkers, cognitive function and to clinical MS No DMT or chronic patient-reported outcomes immunosuppression Tx Week Clinical visits/ 156 blood draw/oral swab Brain and cervical spine MRI

(Optional)

CONCLUSION

CSF, cerebrospinal fluid.

• This study aims to improve the understanding of B-cell biology in early disease pathophysiology, characterize the emergence of central nervous system autoimmunity and provide evidence to support treatment initiation at the earliest stage of MS

REFERENCE

1. Lebrun-Frenay C, et al. *Ann Neurol* 2020;88:407–417.

DISCLOSURES

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(Baseline)

Lumbar puncture

CSF, cerebrospinal fluid; DIS, dissemination (of lesions) in space; DMT, disease-modifying therapy; RIS, radiologically isolated syndrome; Tx, treatment.