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CPR:

Inklusionskriterier

Kriterie	Beskrivelse	Ja	Nej	NA
1	Signed written informed consent and ability to comply with the study protocol according to ICH and local regulations.			
2	Age ≥ 18 years.			
3	With confirmed diagnosis of primary or secondary AML according to WHO classification 2016, with a measurable disease. Eligible participants need to have received SOC and have no other SOC options available. Participants who are not willing to receive SOC will not be eligible. Two groups of participants will be included: • Group I includes participants not in CR (or CRi): o Primary refractory: failure to achieve CR following ≥ 2 induction attempts (which may include hypomethylating agents [HMA]), or first relapse with duration of the initial CR < 6 months; o Relapsed: first relapse following ≥ 1 unsuccessful salvage attempt, or ≥second relapse. Note: First relapsed participants with AML aged < 60 years and with a duration of CR > 1 year are excluded. Similarly, participants with FLT3 mutation relapsed after a regimen not including a FLT3 inhibitor in previous lines will be not eligible, if a FLT3 inhibitor is a SOC as per local guidelines. • Group II includes participants in CR (or CRi) who are MRD+ according to local MFC assessment in compliance with ELN consensus (Schuurhuis et al 2018): o MRD+ participants post-induction (which may include HMA - hyper-methylating agents) but ineligible to allogenic hematopoietic stem cell transplant (HSCT; due to e.g. age, comorbidities, unavailability of donor); o MRD+ participants post-induction (which may include HMA) and post-allogenic HSCT.			
4	Participants who have received HSCT are eligible only if all of the following criteria are met: • HSCT was performed ≥ 28 days prior to screening • Demonstrated hematological engraftment • Absence of active Graft versus Host Disease • Not requiring immunosuppressive treatment, including but not limited to cyclosporine, tacrolimus, sirolimus, and mycophenolate			
5	Able and willing to provide BM biopsy/aspirate samples during the study according to the protocol requirement			
6	Eastern Cooperative Oncology Group (ECOG) performance status 0-2			
7	Peripheral blast counts ≤ 20,000/mm3 on Cycle 1 Day 1 prior to the first dosing. Note: Use of hydroxyurea (HU) or 6MP is not permitted if intended to reduce blast counts in order to meet this criterion.			
8	Availability of HLA-typing with confirmed genotype of HLA-A*02			
9	Adequate renal test results: serum creatinine ≤ 1.5 x ULN or a creatinine clearance calculated by Cockroft-Gault formula of ≥ 50mL/min for participants in whom, in the Investigator's judgement, serum creatinine levels do not adequately reflect renal function			

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10	Adequate liver test results, defined by meeting all of the following criteria: • Total bilirubin ≤ 1.5 x ULN (except Gilbert's syndrome) • AST, ALT, alkaline phosphatase (ALP) and gamma-glutamyltransferease (GGT) ≤2.5 x ULN Note: participants with Gilbert's syndrome will not be excluded from the study. The diagnosis of Gilbert's syndrome is suspected in people who have persistent, slightly elevated levels of unconjugated bilirubin levels (≤3 x ULN) without any other apparent cause.			
11	Male or female participants agree to use contraception and the abstinence requirements to prevent exposure of an embryo to the study treatment. The reliability of sexual abstinence for male and/or female enrollment eligibility needs to be evaluated in relation to the duration of the clinical study and the preferred and usual lifestyle of the participant. Periodic abstinence (e.g., calendar, ovulation, symptom-thermal, or post-ovulation methods) and withdrawal are not acceptable methods of contraception. a) Female Participants: A female participant is eligible to participate if she is not pregnant, not breastfeeding, and at least one of the following conditions applies: • Women of non-childbearing potential, as defined in Appendix 5 (Se herunder*); • Women of childbearing potential (WOCBP), who: o Agree to remain abstinent (refrain from heterosexual intercourse) or use of two highly effective contraceptive methods (including bilateral tubal occlusion, male sterilization, established proper use of hormonal contraceptives that inhibit ovulation, hormone-releasing intrauterine devices [IUDs] and copper IUDs) that result in a failure rate of < 1% per year during the treatment period and for at least 2 months after the final dose of RO7283420, for at least 3 months after the last dose of tocilizumab (if applicable), and for at least 1 month after the last dose of dasatinib (if applicable), whichever is longer. Hormonal contraceptive methods must be supplemented by a barrier method. o Have a negative blood pregnancy test at screening o Have a negative urine pregnancy test at Cycle 1 Day 1 prior to the first dosing o Female Participants should seek advice on conservation of oocytes prior to treatment initiation because of the potential impact of RO7283420 on fertility. b) Male Participants: During the treatment period and for at least 2 months after the final dose of RO7283420, or at least 2 months after the last dose tocilizumab (if applicable), whichever is longer, agreement to: o Remain abstinent (refrain from heterosexual intercourse) or use contraceptive measures such as a condom plus an additional contraceptive method that together result in a failure rate of < 1% per year, with partners who are WOCBP, as defined in Appendix 5. o Refrain from donating sperm during that period. o Male participants should seek advice on conservation of sperm prior to treatment initiation because of the potential impact of treatment with RO7283420 and dasatinib on fertility. o With pregnant female partners, remain abstinent (refrain from heterosexual intercourse) or use contraceptive measures such as a condom to avoid exposing the embryo.			

*Women in the following categories are considered to be Woman of Non-Childbearing Potential (WONCBP)
a) Pre-menarcheal
b) Pre-menopausal female with one of the following:
– Documented hysterectomy.
– Documented bilateral salpingectomy. – Documented bilateral oophorectomy. Note: Documentation can come from the site personnel's: review of participant's medical records, medical examination, or medical history interview.
c) Post-menopausal female
– A post-menopausal state is defined as no menses for □ 12 months without an alternative medical cause other than menopause. A high follicle-stimulating hormone (FSH) level in the post-menopausal range may be used to confirm a post menopausal state in women not using hormonal contraception or hormonal replacement therapy (HRT). However, in the absence of 12 months of amenorrhea, a single FSH measurement is insufficient.
– Females on HRT and whose menopausal status is in doubt will be required to use one of the non-hormonal highly effective contraception methods if they wish to continue their HRT during the study. Otherwise, they must discontinue HRT to allow confirmation of post-menopausal status before study enrollment.

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Eksklusionskriterier:

Kriterie	Beskrivelse	Ja	Nej	NA
1	Acute promyelocytic leukemia (APL)			
2	Core Binding Factor (CBF)-AML Note: participants with r/r CBF-AML after at least 2 salvage attempts can be enrolled into the study.			
3	Group II only: participants (MRD+ without morphological relapse) with normal karyotype and a favorable molecular profile according to ELN guideline 2017, including mutated NPM1 and wild-type FLT3, double mutation CEBPα, or chronic myeloid leukemia in blastic phase.			
4	Participants with active bacterial, fungal or viral infection considered by the Investigator to be clinically uncontrolled or of unacceptable risk upon the induction of neutropenia (i.e. participants who are or should be on antimicrobial agents for the treatment of active infection), such as the following: • Fungal infection with visceral involvement, other than mucosal candidiasis, with < 2 weeks of appropriate systemic antifungal therapy; • Active bacterial infection and/or bacterial infection with positive cultures in the 7 days prior to the first dosing; • Participants who have received ≥ 5 days of appropriate therapeutic antibiotic therapy for an identified infection. • Note: In any case, participant should be afebrile (exception of AML-related fever) and hemodynamically stable for at least 72 hours prior to the first dosing. • Note: Participants who are suspected to have an ongoing infection should be tested and have a negative result prior to the first dosing.			
5	Glomerular proteinuria (Grade ≥ 2) with presence of transferrin and/or IgG in the urine.			
6	Another primary malignancy (other than AML) that requires active therapy. Adjuvant hormonal therapy is allowed.			
7	History of autoimmune disease, including but not limited to myasthenia gravis, myositis, autoimmune hepatitis, systemic lupus erythematosus, rheumatoid arthritis, inflammatory bowel disease, vascular thrombosis associated with antiphospholipid syndrome, Wegener's granulomatosis, Sjögren's syndrome, Guillain-Barré syndrome, multiple sclerosis, vasculitis, or glomerulonephritis. • Participants with a history of autoimmune-related hypothyroidism on a stable dose of thyroid replacement hormone are not excluded; • Participants with a history of disease-related immune thrombocytopenic purpura or autoimmune hemolytic anemia are not excluded; • Participants with a history of Type I Diabetes Mellitus who are well controlled (defined as a screening hemoglobin A1c < 8% and no urinary ketoacidosis) are not excluded.			
8	Clinical evidence or history of central nervous system (CNS) leukemia. Lumbar puncture is needed to assess the presence of CNS disease if there are signs and symptoms concerning for CNS involvement (to be performed within 14 days prior to Cycle 1 Day 1)			
9	Presence of isolated extramedullary disease at screening			
10	Dementia or altered mental status that would prevent the participant from providing informed consent			
11	Current or past history of CNS disease, such as stroke, CNS inflammation, epilepsy, CNS vasculitis, or neurodegenerative disease. Note: Participants with a history of stroke, but who have not experienced a stroke or a transient ischemic attach in the past 2 years and have no residual neurologic deficits, as judged by the investigators, are not excluded.			

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12	Participants who have a history of clinically significant liver disease, including liver cirrhosis (e.g. Child-Pugh class B and C) or participants who have a history of active or chronic infectious hepatitis unless serology demonstrates clearance of infection			
13	Participants who might refuse to receive blood products and/or have known hypersensitivity to any of the components of RO7283420			
14	Vaccination with live vaccines within 28 days prior to Cycle 1 Day 1. Examples of live vaccines include, but are not limited to, the following: measles, mumps, rubella, chicken pox, yellow fever, rabies, BCG, and typhoid (oral) vaccine. Seasonal influenza vaccines for injection are generally killed virus vaccines and are allowed during influenza season only; however, intranasal influenza vaccines (e.g. Flu – Mist®) are live attenuated vaccines and are not allowed. Seasonal influenza-related AEs must resolve prior to Cycle 1 Day 1.			
15	Prior treatment with systemic agents, including, but not limited to, radioimmuno-conjugates, antibody-drug conjugates, immune/cytokines monoclonal antibodies (e.g. anti-CTLA4, anti-PD1, anti-PDL1) within 4 weeks or 5 half-lives of the drug, whichever is shorter, before Cycle 1 Day 1.			
16	Prior treatment with standard radiotherapy, any chemotherapeutic agent, or treatment with any other investigational anti-cancer agent (defined as treatment for which there is currently no regulatory authority approved indication) within 4 weeks or 5 half-lives of the drug, whichever is shorter, before Cycle 1 Day 1. Note: The exception is HU, 6MP, HMA or leukapheresis, which must be discontinued at least 24 hours before the first dosing on Cycle 1 Day 1.			
17	Prior treatment with systemic immunosuppressive medications (including but not limited to cyclophosphamide, azathioprine, methotrexate, thalidomide, and antitumor necrosis factor agents) within 2 weeks before Cycle 1 Day 1. Note: corticosteroid treatment with < 25mg/day prednisone or equivalent, inhaled and topical steroids are permitted.			
18	Participants who need concurrent cytoreductive chemotherapy, including but not limited to cytarabine, daunorubicin, idarubicin, fludarabine, etoposide, amsacrine and mitoxantrone.			
19	Use of granulocyte colony stimulating or granulocyte-macrophage colony stimulating factor within 2 weeks before Cycle 1 Day 1. Use of oral or parenteral anticoagulant/anti platelet agents within 7 days or 5 half-lives, whichever is shorter, before Cycle 1 Day 1 for Group I only.			
20	Positive human immunodeficiency virus (HIV) test at screening. Note: Participants are not excluded if they have been on combination antiretroviral therapy (c-ART) ≥ 4 weeks, with evidence of viral suppression (defined as HIV viral load < 200 copies/mL) and no symptomatic Grade > 1 AEs probably or definitely attributed to c-ART			
21	Positive hepatitis B surface antigen (HBsAg) test, and/or positive total hepatitis B core antibody (HBcAb) test. Note: Participants with positive total HBcAb test followed by a negative hepatitis B virus (HBV) deoxyribonucleic acid (DNA) test at screening are not excluded.			
22	Positive hepatitis C antibody test result. Note: Participants with positive hepatitis C antibody test due to prior resolved disease are not excluded if a confirmatory negative hepatitis C ribonucleic acid (RNA) test is obtained.			

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23	Any severe and/or uncontrolled medical conditions or other conditions that could affect participation in the study, impair the ability of the Investigator to evaluate the participants, or impair the participants' ability to complete the study such as the following: • Unstable angina, symptomatic or otherwise uncontrolled arrhythmia (not include stable atrial fibrillation), uncontrolled hypertension, symptomatic congestive heart failure (New York Heart Association III, IV), myocardial infarction ≤ 6 months prior to first dose and cerebrovascular accidents ≤ 6 months prior to Cycle 1 Day 1 • Unstable seizure disorders • Nonmalignant medical illnesses that are uncontrolled or whose control may be jeopardized by the study treatment			

Dato: _____/_____ 20____ Læge (underskrift): _____