TRIAL Relapsed AML 2001/01.

No registrations found.

Ethical review	Positive opinion
Status	Recruitment stopped
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON20351

Source
NTR

Brief title
Relapsed AML 2001/01

Health condition

Refractory or relapsed acute myeloid leukemia in children and adolescents.

Sponsors and support

Primary sponsor: Dutch Childhood Oncology Group
Den Haag
The Netherlands

Intervention

Outcome measures

Primary outcome

Percentage of BM blasts >20% after course I, determined 4-6 weeks after the start.

Secondary outcome

1. Toxicity, focussing on but not limited to bone marrow aplasia, mucosal toxicity and cardiotoxicity;

2. Efficacy as determined by day 14 BM blasts, time to PB clearance of blasts, CR rate after 2 course of chemotherapy, % of patients that underwent SCT, overall survival, event-free survival and disease-free survival;

3. Clinical and cell biological features, and overall outcome of the entire cohort of patients with relapsed AML that has been registered in the time period of patient accrual (also including patients that were not treated according to this protocol).

Study description

Background summary

Relapsed and refractory acute myeloid leukemia (AML) in children is a rare problem, but has a poor prognosis.
We therefore designed an international multicenter open label randomised phase III trial in children with such a disease.
Reinduction treatment will be done with 2 courses of combination chemotherapy, with FLAG (fludarabine, ara-C and G-CSF) in both courses as standard treatment. In the first course there will be a randomisation for liposomal daunorubicin (DaunoXome®) to be added or not. The second course should always concern FLAG.
If patients have >20% of blasts in the bone marrow after the 1st course, or if they are not in complete remission (CR) after the 2nd course, they will go off protocol.
Patients in CR after reinduction treatment can immediately proceed to stem cell transplantation. Consolidation chemotherapy should be given if SCT is delayed. A 3rd course of intensive chemotherapy (VP16 and continuous infusion with cytarabine) is the general recommendation. In selected patients, a low intensity consolidation may be preferred, and such a schedule is described as well.
The type of SCT is based on the risk-group. Preferably, a matched sibling donor (MSD) SCT is performed. If a MSD is not available all patients are candidates for a matched unrelated donor (MUD) SCT. If a MUD is also not available, patients with primary refractory disease, early relapse (within 1 year from diagnosis), or 2nd or higher relapse, are candidates for the more experimental haplo-identical donor (HID) SCT in view of the dismal prognosis. However, patients with a late relapse (>1 year from initial diagnosis) have a better prognosis and should be offered an autologous SCT if a MSD or MUD SCT is not possible. Only in case of autologous SCT, maintenance treatment and/or adjuvant immunotherapy could be considered.

Main objectives of the study:

are to determine the efficacy and toxicity of DaunoXome® when added to FLAG in children with relapsed and refractory AML. In addition, the study will prospectively determine the clinical outcome of these patients, stratified according to the different risk groups (refractory

disease, early relapse, late relapse, multiple relapse).

Additional objectives:

are to determine the clinical relevance of minimal residual measurements, in vitro cellular drug resistance data, cell biological and molecular features and pharmacokinetic data of DaunoXome®, in these patients.

The study expects to accrue up to 100 patients annually, and will run about 4 years, to enroll a total of 360 randomised patients.

Study objective

Addition of liposomal daunorubicin (DaunoXome®) to FLAG in the first reinduction course will result in improved treatment response with acceptable toxicity and without increased cardiotoxicity.

Study design

N/A

Intervention

Addition of liposomal daunorubicin (DaunoXome®) to FLAG in reinduction course I.

Contacts

Public
VU University Medical Center, Department of Pediatric Oncology/Hematology,
De Boelelaan 1117
Gertjan J.L. Kaspers
De Boelelaan 1117
Amsterdam 1081 HV
The Netherlands
+31 (0)20 4442420
Scientific
VU University Medical Center, Department of Pediatric Oncology/Hematology,
De Boelelaan 1117
Gertjan J.L. Kaspers
De Boelelaan 1117
Amsterdam 1081 HV

The Netherlands
+31 (0)20 4442420

Eligibility criteria

Inclusion criteria

1. Primary refractory AML;

2. First relapsed AML;

3. 2nd or subsequent relapsed AML, but not previously treated according to protocol Relapsed AML 2001/01;

4. <18 years of age at initial diagnosis;

5. Signed informed consent.

Exclusion criteria

1. Symptomatic cardiac dysfunction (CTC grade 3 or 4), and/or a fractional shortening at echocardiography below 29%;

2. Karnofsky performance status <40% (children aged 16 years and older) or Lansky performance status of <40% (yougner children);

3. Any other organ dysfunction (CTC grade 4) that will interfere with the protocol treatment;

4. Inability to apply to the protocol for other reasons;

5. AML FAB type M3, acute promyelocytic leukemia, and/or t(15;17) and/or PML-RARalfa fusion gene.

Study design

Design

Study type: Interventional

Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	11-01-2001
Enrollment:	400
Type:	Actual

Ethics review

Positive opinion

Date:	23-08-2005
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL105
NTR-old	NTR136
Other	: N/A
ISRCTN	ISRCTN94206677

Study results

Summary results
N/A