Myelo-ablative chemo/radiotherapy and autologous stem cell transplantation as compared to only chemotherapy in patients with multiple myeloma.

No registrations found.

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

Summary

ID

NL-OMON20547

Source
NTR

Brief title
HOVON 24 MM

Health condition

Multiple myeloma.

Sponsors and support

Primary sponsor: Stichting Hemato-Oncologie voor Volwassenen Nederland (HOVON)
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Source(s) of monetary or material Support: HOVON receives unrestricted grants and/or financial support from Amgen, Johnson&Johnson-Orthobiotech, Roche and Novartis for the execution of investigator sponsored trials. In addition HOVON is supported by the Dutch

Cancer Organisation CKTO.

Intervention

Outcome measures

Primary outcome

Remission rate.

Secondary outcome

1. Event-free survival;

2. Overall survival;

3. Quality of life;

4. Cost-benefit.

Study description

Background summary

Study phase: phase III;

Study objective:

evaluation of the effect of myeloablative chemo-/radiotherapy and autologous stem cell transplantation in comparison with chemotherapy alone with respect to the mentioned endpoints. Assessment of the value of risk factors at diagnosis with dose intensity of treatment.

Patient population:

patients with multiple myeloma, stage 2-3, age < 66 years inclusive.

Study design:

prospective, multicenter, randomized;

Duration of treatment:

expected duration of treatment until start of maintenance is approximately 8 months.

Study objective

The hypothesis to be tested is that the outcome in arm II (and Allo BMT) is better than in arm I.

Study design

N/A

Intervention

Patients will be treated with 3x VAD (vincristine, doxorubicine, dexamethasone). Patients <=55 yrs with a HLA identical sibling will proceed to Allo BMTAll other eligible patients will be randomized between:

Arm I:

PBSC pheresis after cyclophosphamide priming (cyclophosphamide, mesnum, G-CSF), IDM (melphalan, G-CSF) q 8 weeks 2 courses. In case of PR/CR maintenance therapy with IFN-alpha-2a until relapse. PBSCT may be performed after reinduction or relapse.

Arm II:

PBSC pheresis after cyclophosphamide priming (cyclophosphamide, mesnum, G-CSF), IDM (melphalan, G-CSF) q 8 weeks 2 courses. In case of PR/CR intensive treatment with cyclophosphamide/TBI and autologous transplantation, maintenance with IFN-alpha-2a until relapse.

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Eligibility criteria

Inclusion criteria

At entry:

1. Previously untreated multiple myeloma, stage 2 or 3 according to Salmon and Durie;

2. Age < 66 years;

3. WHO performance status 0-3;

4. Informed consent;

For IFN maintenance and PBSCT or ABMT:

5. At least PR after induction therapy;

6. WHO performance status 0-2;

7. Suitable peripheral stem or bone marrow graft;

8. No active infections;

9. Absence of severe cardiac, pulmonary, neurologic, psychiatric disease;

10. Serum creatinine, bilirubin and transaminases of less than 2.5x upper limit of normal

values;

11. Platelet count > 50x10^9/l;

12. Absolute neutrophil count > 1x10^9/l;

13. Informed consent.

Exclusion criteria

At entry:

1. Received more than 2 courses of melphalan, prednisone or VMCP;

2. Severe cardiac disease (= severe heart failure requiring symptomatic treatment or a cardiac ejection fraction of less than 45% with presence of normal hemoglobin), severe pulmonary, neurologic or metabolic disease- Inadequate liver function, i.e. bilirubin >=2.5x upper normal value;

3. Prior malignancies except non-melanoma skin tumors or stage 0 (in situ) cervical carcinoma;

4. Prior extensive radiotherapy involving the myelum (precluding total body irradiation).

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):	07-11-1995
Enrollment:	452

Type: Actual

Ethics review

Positive opinion
Date: 09-09-2005

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	NL283
NTR-old	NTR321
Other	: Ho24
ISRCTN	ISRCTN82155239

Study results

Summary results

1. M. van Agthoven, C.M. Segeren, I. Buijt, C.A. Uyl-de Groot, B. van der Holt, H.M. Lokhorst and P. Sonneveld. A cost-utility analysis comparing intensive chemotherapy alone to intensive chemotherapy followed by myeloablative chemotherapy with autologous stem-cell rescue in newly diagnosed patients with stage II/III multiple myeloma; a prospective randomised phase III study. European Journal of Cancer, 40(8), 1159-1169. 2004;

2. H.M. Lokhorst, C.M. Segeren, L.F. Verdonck, B. van der Holt, R. Raymakers, M.H.J. van Oers,

R.M.Y. Barge, H.C. Schouten, P.H.M. Westveer, M.M.C. Steijaert, J.J. Cornelissen and P. Sonneveld. Partially T-cell-depleted allogeneic stem-cell transplantation for first-line treatment of multiple myeloma: a prospective evaluation of patients treated in the phase III study HOVON 24 MM. Journal of Clinical Oncology, 21(9), 1728-1733. 2003;

3. C.M. Segeren, P. Sonneveld, B. van der Holt, E. Vellenga, A.J. Croockewit, G.E.G. Verhoef, J.J. Cornelissen, M.R. Schaafsma, M.H.J. van Oers, P.W. Wijermans, W.E. Fibbe, S. Wittebol, H.C. Schouten, M. van Marwijk Kooy, D.H. Biesma, J.W. Baars, R. Slater, M.M.C. Steijaert, I. Buijt and H.M. Lokhorst. Overall and event-free survival are not improved by the use of myeloablative therapy following intensified chemotherapy in previously untreated patients with multiple myeloma: a prospective randomized phase 3 study. Blood, 101, 2144-2151. 2003;

4. C.M. Segeren. P. Sonneveld, B. van der Holt, J.W. Baars, D.H. Biesma, J.J. Cornellissen, A.J. Croockewit, A.W. Dekker, W.E. Fibbe, B. Löwenberg, M. van Marwijk Kooy, M.H.J. van Oers, D.J. Richel, H.C. Schouten, E. Vellenga, G.E.G. Verhoef, P.W. Weijermans, S. Wittebol and H.M. Lokhorst. Vincristine, doxorubicin and dexamethasone (VAD) administered as rapid intravenous infusion for first-line treatment in untreated Multiple Myeloma. British Journal of Haematology, 105(1), 127-130. 1999.