A clinical trial to investigate immunotherapy (IMO-2125) in the skin of patients with a melanoma which is at least 2 millimeters thick

No registrations found.

Ethical review	Not applicable
Status	Pending
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON26696

Source
NTR

Brief title
Intrim 1 Study

Health condition

Melanoma
Melanoom
Early-stage melanoma
Vroeg stadium melanoom

Sponsors and support

Primary sponsor: VU University medical center
Source(s) of monetary or material Support: Pillar Partners Foundation
Idera Pharmaceuticals

Intervention

Outcome measures

Primary outcome

The rate of tumor positive sentinel lymph nodes (SLN)

Secondary outcome

1) Frequency and activation state of lymph node resident (LNR) conventional dendritic cells (DC) and melanoma antigen-specific T cell responses in the SLN and peripheral blood.

2) RFS

3) OS

Study description

Background summary

Rationale: Currently, there is no widely used adjuvant treatment available to improve survival after surgical excision of a primary melanoma. We previously described loco-regional and systemic immune stimulation as well as favourable clinical outcomes in terms of sentinel lymph node (SLN) tumor status and recurrence-free survival (RFS) in patients with clinical stage I-II melanoma who received a low dose of the TLR-9 agonist CPG7909 (CpG-B ODN) intradermally at the excision site of the primary tumor prior to the SLN biopsy (SNB). We now investigate the clinical activity of a next-generation CpG ODN, IMO-2125, and its ability to induce loco-regional and systemic immune stimulation in clinical T3-4N0M0 (cT3-4N0M0) melanoma patients.

Objective: The primary objective is to investigate whether local administration of a single dose of IMO-2125 at the primary melanoma excision site results in decreased tumor positive SLN rates. The secondary objectives are to investigate 1) whether a single dose of IMO-2125 induces a loco-regional and systemic immune response and 2) RFS and overall survival (OS) at 5 and 10 years after SNB.
Study design: A randomized single-center double-blind and placebo-controlled Phase II clinical trial.

Study population: Adult patients with cT3-4N0M0 melanoma who are scheduled to undergo a combined re-excision and sentinel node biopsy (SNB) procedure.

Intervention: Seven days before SNB, patients will receive an intradermal injection, directly adjacent to the excision site of the primary tumor, of 8mg IMO-2125 dissolved in 1 mL saline (0.9% sodium chloride) (n=107) or 1mL plain saline alone (placebo control n=107). 10 patients from each treatment arm will be enrolled in an immune monitoring sub-study.

Main study parameters/endpoints: SLN tumor status (positive or negative) 7 days after injection; SLN and systemic immune profile with emphasis on recruitment and/or activation in the SLN of dendritic cell (DC), effector-T cell and Treg subsets, and melanoma antigen-specific T cell responses in peripheral blood; RFS and OS at 5 and 10 years after treatment

Nature and extent of the burden and risks associated with participation and benefit: The burden associated with participation comprises one intradermal injection at the VU University medical center; and a follow-up contact at 5 and 10 years after SNB. For the 20 patients in the immune monitoring sub-study, 50 ml heparinized blood will be drawn at 4 time-points that will be planned together with standard treatment visits if possible but can result in 2 additional visits. The most common adverse events (AEs) seen with IMO-2125 are injection site reactions (ISR) and flu-like symptoms. In general, these reactions occur early and resolve within 48 hrs with non-specific measures. We do not expect to see any serious adverse events with IMO-2125 at this dose level. Potential benefits of IMO-2125 treatment in this trial may include SLN tumor clearance and a longer recurrence-free and overall survival.

Study objective

Intradermal IMO-2125 treatment can result in a loco-regional anti-tumor immune response and SLN tumor clearance and a longer recurrence-free and overall survival in patients with cT3-4N0M0 melanoma.

Study design

The rate of tumor positive SLN seven days after the experimental treatment.

Frequency and activation state of lymph node resident (LNR) conventional dendritic cells (DC) and melanoma antigen-specific T cell responses in the SLN at 7 days after the experimental treatment and peripheral blood before and 7, 21 and 13 weeks after the experimental treatment.

RFS at 5 and 10 years after SNB.

OS at 5 and 10 years after SNB.

Intervention

In the treatment arm, patients will be intradermally injected with 8 mg IMO-2125, in 1 mL saline (0.9% sodium chloride) one week prior to sentinel node biopsy (SNB). In the placebo control arm, patients will be intradermally injected with 1 mL plain saline (0.9% sodium

chloride) only one week prior to SNB.

Contacts

Public
Bas Koster
De Boelelaan 1117

Amsterdam 1081 HV
The Netherlands
+31 20 444 4444
Scientific
Bas Koster
De Boelelaan 1117

Amsterdam 1081 HV
The Netherlands
+31 20 444 4444

Eligibility criteria

Inclusion criteria

1. Patients must be willing and able to sign the informed consent and comply with the study protocol.

2. Must be ≥18 years of age.

3. Histologically confirmed primary malignant melanoma cutis with a Breslow tumor depth >2.0 mm

4. WHO Performance Status ≤1.

5. Women of childbearing potential and fertile men must agree to use effective contraceptive methods from screening until at least 90 days after the IMO-2125 administration.

Exclusion criteria

1. Known hypersensitivity to any oligodeoxynucleotide.

2. Active autoimmune disease requiring disease-modifying therapy at the time of screening.

3. Pathologically confirmed loco-regional or distant metastasis.

4. Non-skin melanoma

5. Patients with another primary malignancy that has not been in remission for at least 3 years with the exception of non-melanoma skin cancer, curatively treated localized prostate cancer with non-detectable prostate-specific antigen, cervical carcinoma in situ on biopsy or a squamous intraepithelial lesion on Papanicolaou (Pap) smear, and thyroid cancer (except anaplastic).

6. Active systemic infections requiring antibiotics.

7. Women who are pregnant or breast-feeding.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Double blinded (masking used)
Control:	Placebo

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-10-2018
Enrollment:	214
Type:	Anticipated

Ethics review

Not applicable

Application type:	Not applicable

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	NL7156
NTR-old	NTR7355
Other	: VUMC-MEL-2125-001

Study results