Clofarabine added to prephase and consolidation therapy in acute lymphoblastic leukemia in adults.

No registrations found.

Ethical review	Positive opinion
Status	Pending
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON28093

Source
NTR

Brief title
HOVON 100 ALL

Health condition

Acute Lymphoblastic Leukemia (ALL)

Sponsors and support

Primary sponsor: Stichting Hemato-Oncologie voor Volwassenen Nederland (HOVON)
P/a HOVON Data Center
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Source(s) of monetary or material Support: Stichting Hemato-Oncologie voor Volwassenen Nederland (HOVON), Koningin Wilhelmina Fonds (KWF), Genzyme, MEDAC.

Intervention

Outcome measures

Primary outcome

1. Phase II part: To determine the feasibility of adding i.v. clofarabine to standard prephase therapy (followed by induction chemotherapy);

2. Phase III part: To improve EFS in adult ALL patients by the addition of i.v. clofarabine to prephase and consolidation therapy .

Secondary outcome

Phase III part:

1. To improve the molecular response rate of adult ALL following RI by the addition of i.v. clofarabine to standard prephase and consolidation therapy;

2. To improve DFS, and OS in adult ALL patients by the addition of i.v. clofarabine to the standard prephase and consolidation therapy;

3. To document safety and toxicity of adding clofarabine to standard prephase and consolidation therapy in adult ALL;

4. To assess and compare clinical outcome of patients with and without an HLA-identical sibling in a donor vs no-donor analysis.

Study description

Background summary

Study phase: Phase II/III.

Study objective:

Phase II: To determine the feasibility of i.v. clofarabine given prior to standard induction chemotherapy as part of pre-phase.

Phase III: To improve event free survival by adding i.v. clofarabine to prephase and consolidation therapy
Patient population: Patients with previously untreated ALL, age 18-70 years.

Study design:

Phase II: Comparative, randomized feasibility study (dose-finding) of clofarabine chemotherapy at three possible dose levels 15, 20, or 30 mg/m2.

Phase III: Multicenter study at the selected feasible dose level of clofarabine in a prospective randomized approach between clofarabine combined with pre-phase therapy and in an extra consolidation cycle versus the same chemotherapy without addition of clofarabine.

Duration of treatment:
Expected duration of 32 months, maintenance therapy of 24 months inclusive.
All patients will be followed until 10 years after randomization.

Study objective

The hypothesis to be tested in the phase II part is that arm B is feasible.

The hypothesis to be tested in the phase III part is that the outcome in arm B is better than in arm A.

Study design

1. At entry;

2. Pre-phase;

3. Induction;

4. Consolidation;

5. Interphase;

6. Intensification;

7. Allo-SCT;

8. Maintenance;

9. Follow-up (every 6 months.

Intervention

In the experimental arm B intravenously administered clofarabine will be added to standard prephase chemotherapy and used in an extra consolidation cycle. Arm A is the standard arm. The study starts at a dose level of 20 mg/m2, and if possible escalating to 30 mg/m2. If 20

mg/m2 is not feasible we will study 15 mg/m2.

Contacts

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Eligibility criteria

Inclusion criteria

1. Patients aged 18 to 70 years inclusive;

2. Primary previously untreated B or T-lineage ALL (excluding -ALL with mature B-cell phenotype, but including Philadelphia positive or BCR-ABL positive ALL);

3. Adequate renal and hepatic function tests as indicated by the following laboratory values:

A. Serum creatinine ¡Ü1.0 mg/dl (¡Ü 88.7 micromol/L); if serum creatinine >1.0 mg/dl (>88.7 micromol/L), then the glomerular filtration rate (GFR) must be >60 ml/min/1.73 m2 as calculated by the Modification of Diet in Renal Disease equation where the predicted GFR (ml/min/1.73 m2) = 186 x (Serum Creatinine in mg/dl)-1.154 x (age in years)-0.023 x (0.742 if patient is female) x (1.212 if patient is black)NOTE: if serum creatinine is measured in micromol/L, recalculate it in mg/dl according to the equation: 1 mg/dl = 88.7 micromol/L) and used above mentioned formula;

B. Serum bilirubin ¡Ü 1.5 ¡Á upper limit of normal (ULN);

C. Aspartate transaminase (AST)/alanine transaminase (ALT) ¡Ü 2.5 ¡Á ULN;

D. Alkaline phosphatase ¡Ü 2.5 ¡Á ULN.

4. WHO performance status 0 ¨C 2;

5. Negative pregnancy test at inclusion, if applicable;

6. Written informed consent.

Exclusion criteria

1. Mature surface Ig positive B-cell leukemia/lymphoma;

2. Acute undifferentiated leukemia;

3. Severe cardiovascular disease (arrhythmias requiring chronic treatment, congestive heart failure or symptomatic ischemic heart disease);

4. Severe pulmonary dysfunction (CTCAE grade III-IV, see appendix D);

5. Severe neurological or psychiatric disease;

6. History of active malignancy during the past 5 years with the exception of basal carcinoma of the skin or stage 0 cervical carcinoma;

7. Active, uncontrolled infection;

8. Patient known to be HIV-positive;

9. Patient is a lactating woman;

10. Any psychological, familial, sociological and geographical condition potentially hampering compliance with the study protocol and follow-up schedule;

11. Unwilling or not capable to use effective means of birth control.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel

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

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	10-01-2009
Enrollment:	340
Type:	Anticipated

Ethics review

Positive opinion

Date:	10-09-2009
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	NL1890
NTR-old	NTR2004
Other	EudraCT 2008-005798-36 : Ho100
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Study results

Summary results
N/A