

A phase 3 randomized, double-blind study of induction (Daunorubicin/Cytarabine) and consolidation (high-dose Cytarabine) chemotherapy + Midostaurin (PKC412) (IND# 101261) or placebo in newly diagnosed patients < 60 years of age with FLT3 mutated Acute Myeloid Leukemia (AML)

Published: 20-11-2008

Last updated: 06-05-2024

To determine if the addition of midostaurin to daunorubicin/ cytarabine induction, high dose cytarabine consolidation, and continuation therapy improves overall survival (OS) in both the mutant FLT3-ITD and FLT-3 TKD AML patients.

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Leukaemias
Study type	Interventional

Summary

ID

NL-OMON32771

Source

ToetsingOnline

Brief title

CALGB 10603 / PKC412 / FLT3 AML

Condition

- Leukaemias

Synonym

Acute Myeloid Leukemia, cancer of the bone marrow

Research involving

Human

Sponsors and support

Primary sponsor: Novartis

Source(s) of monetary or material Support: pharmaceutische industrie

Intervention

Keyword: Acute Myeloid Leukemia, FLT3 mutation, Induction and consolidation chemotherapy, Midostaurin

Outcome measures

Primary outcome

Overall survival (OS) in the mutant AML FLT3-ITD and the FLT3-TKD patients is the primary endpoint. The OS time is the period from the date of registration in the study until death by any cause.

Secondary outcome

Four secondary endpoints will be analyzed in this study:

- 1) Complete response (CR) rate in the remission induction stage of the study
- 2) event- free survival (EFS)
- 3) disease- free survival (DFS)
- 4) the DFS rate one year after completing the planned continuation phase

Study description

Background summary

Previously untreated patients with AML under 60 years of age overall are treated with induction chemotherapy with an anthracycline and cytarabine, followed by consolidation therapy with high-dose cytarabine (HiDAC). In this age group, an overall complete response (CR) rate of 65% to 80% can be expected. However, presence of the FLT3 mutation in AML patients (of any age) is poor prognostic factor. In these patients an equivalent CR rate is achieved, however the relapse rate, disease free survival (DFS), event free survival (EFS) and overall survival (OS) at 5 years are significantly worse.

Midostaurin (PKC412) blocks an enzyme, produced by a gene known as FLT3, that may have a role in the survival and growth of AML cells. The addition of a targeted agent against FLT3 offers the possibility for significant therapeutic advantage in AML patients expressing FLT3.

Study objective

To determine if the addition of midostaurin to daunorubicin/ cytarabine induction, high dose cytarabine consolidation, and continuation therapy improves overall survival (OS) in both the mutant FLT3-ITD and FLT-3 TKD AML patients.

Study design

A phase III randomized, double blind study

Intervention

Patients will be randomly assigned to one of the two treatment groups:

Treatment 1)

A standard combination of chemotherapy drugs during remission induction chemotherapy that includes cytarabine (or ara-C, for short), daunorubicin, and the experimental drug midostaurin. After successfully completing remission induction, patients will receive four courses of high-dose ara-C consolidation chemotherapy together with the experimental drug midostaurin. Finally, after completing remission consolidation therapy, the patients will receive continuation therapy with midostaurin for twelve (12) months.

Treatment 2)

As of treatment 1, however instead of midostaurin the patients will receive a placebo.

Study burden and risks

Total duration of the treatment is 18 months. Patients are followed for a maximum of 10 years after completion of the treatment. During induction and

consolidation therapy the patient will be followed intensively by the physician. During continuation therapy the patient will be seen monthly. During the post treatment follow-up the frequency of hospital visits varies between once every 2 months (year 1 and 2) to once every quarter (year 3 and 4) and yearly (other years).

Women of childbearing potential must either commit to continued abstinence from heterosexual intercourse or commit to two acceptable methods of birth control (one highly effective and one additional effective method) at the same time.

This should be commenced before receiving midostaurin/placebo therapy and continue for 12 weeks after completion of all midostaurin therapy.

Men must agree not to father a child and must use a latex condom during any sexual contact with women of childbearing potential while taking midostaurin/placebo and for 12 weeks after therapy is stopped, even if they have undergone a successful vasectomy.

The following most common side effects with the use of Midostaurin have been reported up to now:

Lowered white blood cell count/ platelet count / red blood cells

Nausea, vomiting, headache, changes in liver function tests, loss of appetite, fever, rash, hair loss, fatigue

Risks and side effects related to bone marrow aspirations (biopsies): pain or discomfort at the site where the needle is inserted as well as possible bleeding, bruising or swelling. There is also a very small chance that you could develop an infection at the site of the procedure.

A number of chemotherapy agents have a risk of causing another cancer (second malignancy). Cytarabine, daunorubicin, and midostaurin are not known to increase the risk of second malignancies, but may be shown at a later time to result in the development of these second malignancies.

Contacts

Public

Novartis

Raapopseweg 1
6824 DP Arnhem
NL

Scientific

Novartis

Raapopseweg 1

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

*Unequivocal diagnosis of AML (>20% blasts in the bone marrow based on the WHO classification), excluding M3 (acute promyelocytic leukemia).

*Documented FLT3 mutation (ITD or point mutation), determined by analysis in a protocol-designed FLT3 screening laboratory.

*Age greater than or equal to 18 years and less than 60 years.

*AML patients with a history of antecedent myelodysplasia (MDS) remain eligible for treatment on this trial, but must not have had prior cytotoxic therapy (e.g. azacitidine or decitabine).

*Bilirubin < 2.5 times upper limit of normal.

Exclusion criteria

*No prior chemotherapy for leukemia or myelodysplasia with the following exceptions:

i. emergency leukapheresis

ii. emergency treatment for hyperleukocytosis with hydroxyurea for less than or equal to 5 days

iii. cranial RT for CNS leukostasis (one dose only)

iv. growth factor/cytokine support

*Patients who have developed therapy related AML after prior RT or chemotherapy for another cancer or disorder are not eligible.

*Patients with symptomatic congestive heart failure are not eligible.

*Pregnant or nursing patients may not be enrolled

Study design

Design

Study phase:	3
Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Double blinded (masking used)
Control:	Placebo
Primary purpose:	Treatment

Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	22-05-2008
Enrollment:	12
Type:	Actual

Medical products/devices used

Product type:	Medicine
Brand name:	-
Generic name:	Cytarabine
Registration:	Yes - NL intended use
Product type:	Medicine
Brand name:	-
Generic name:	Daunorubicin
Registration:	Yes - NL intended use
Product type:	Medicine
Brand name:	-
Generic name:	Midostaurin

Ethics review

Approved WMO

Date: 20-11-2008

Application type: First submission

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

Approved WMO

Date: 19-03-2009

Application type: First submission

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

Approved WMO

Date: 20-05-2009

Application type: Amendment

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

Approved WMO

Date: 19-03-2010

Application type: Amendment

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

Approved WMO

Date: 28-01-2011

Application type: Amendment

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

Approved WMO

Date: 08-05-2012

Application type: Amendment

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

Approved WMO

Date: 11-05-2012

Application type: Amendment

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

Approved WMO

Date: 15-10-2012

Application type: Amendment

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

Approved WMO

Date: 21-02-2013

Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	02-08-2013
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	13-03-2014
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	17-03-2014
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	03-08-2015
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	10-08-2015
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	01-08-2016
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	12-08-2016
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	28-02-2017
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	06-03-2017

Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	20-09-2017
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	04-10-2017
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	27-12-2017
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	28-12-2017
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	30-07-2018
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	11-09-2018
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	12-09-2018
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	07-05-2020
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	12-05-2020

Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	12-05-2021
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	04-10-2021
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	10-10-2021
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	23-07-2022
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)

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
EudraCT	EUCTR2006-006852-37-NL
CCMO	NL24604.091.08