A randomized phase III study to evaluate the efficacy of chemoimmunotherapy with the monoclonal antibody Campath-1H (Alemtuzumab) given in combination with 2-weekly CHOP versus 2-weekly CHOP alone in elderly patients with previously untreated systemic peripheral T-cell lymphomas

Published: 06-06-2008 Last updated: 11-05-2024

See C4

Ethical review Approved WMO **Status** Recruitment stopped

Health condition type Lymphomas non-Hodgkin's T-cell

Study type Interventional

Summary

ID

NL-OMON41578

Source

ToetsingOnline

Brief title

HOVON 91 T-NHL / ACT-2 trial

Condition

Lymphomas non-Hodgkin's T-cell

Synonym

T-cell lymphoma

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Research involving

Human

Sponsors and support

Primary sponsor: University Medicine Goettingen

Source(s) of monetary or material Support: HOVON + KWF (datamanagement)

Intervention

Keyword: Alemtuzumab, peripheral T cell lymphoma, phase III trial, T-cell non-Hodgkin's lymphoma

Outcome measures

Primary outcome

event-free survival at 3 yr

Secondary outcome

overall survival at 3 yr

progression-free survival at 3 yr

responses (%CR and %PR), at the end of therapy

time to progression

relation CD52 expression and response-rate

safety addition of alemtuzumab to CHOP measured by incidences of infections

Study description

Background summary

see C4

Study objective

See C4

Study design

Intergroup design, multicenter randomised fase III study

Intervention

The addition of alemtuzumab to standard CHOP chemotherapy, see above

Study burden and risks

standard treatment consists of CHOP, given at 2 weeks interval. The addition of alemtuzumab requires subcutaneous injections at day 1 and 2. The first 2 injections can cause transient painful infiltrates. The risk on infections is increased requiring additional antibiotics and blood controls, especially related to CMV re-activations. Blood products need to be irradiated.

Contacts

Public

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years) Elderly (65 years and older)

Inclusion criteria

- 1. Age: 61 80 years
- 2. All risk groups, including stage I with bulk (>= 7.5 cm) and stages II to IV, except stage I with no further IPI risk factor (LDH, ECOG, stage, E>1) beside the age over 60
- 3. Confirmed histological diagnosis of peripheral T cell NHL of the following types:

peripheral T-cell lymphoma PTCL-NOS

Angioimmunoblastic T cell lymphoma

intestinal T/NK-cell lymphoma (± enteropathy)

hepatosplenic lymphoma

subcutaneous panniculitis-like PTCL (gamma-delta T-cell lymphoma)

- 4. Performance status: ECOG 0 2 (Karnofsky index: 60 100%). ECOG 3 is acceptable, if lymphoma related.
- 5. Measurable disease
- 6. written consent of the patient

Exclusion criteria

- 1. Stage I with IPI 0 and without bulk
- 2. Already initiated lymphoma therapy
- 3. Serious accompanying disorder or impaired organ function, in particular:
- severe cardiac dysfunction (NYHA class II-IV; LVEF <45%)
- severe pulmonary dysfunction (FeV1<50% or DC <50%)
- Renal: creatinine >2 times the upper reference limit, unless related to NHL
- Hepatic: bilirubin >2 times the upper reference limit, unless related to NHL
- Uncontrollable diabetes mellitus (prephase treatment with prednisone!)
- 4. Platelets <100 000/mm3, leukocytes <2500/mm3
- 5. Bone marrow involvement >25%
- 6. Known hypersensitivity to the medications to be used, especially murine or chimeric antibodies
- 7. primary leukemic lymphoma
- 8. Known HIV-positivity
- 9. Active hepatitis infection, active CMV infection, active systemic fungal infection, active infection with mycobacterium tuberculosis or atypical tuberculosis
- 10. Suspicion that patient compliance will be poor
- 11. Simultaneous participation in any other study protocol
- 12. Prior chemo- or radiotherapy for malignancy
- 13. Other concomitant malignant disease (history of active cancer during the past 5 years, except basal carcinoma of the skin or stage 0 cervical carcinoma)

Study design

Design

Study phase: 3

Study type: Interventional

Intervention model: Parallel

Allocation: Randomized controlled trial

Masking: Open (masking not used)

Primary purpose: Treatment

Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 28-04-2009

Enrollment: 25

Type: Actual

Medical products/devices used

Product type: Medicine

Brand name: MabCampath

Generic name: Alemtuzumab; Monoclonal antibody Campath-1H

Registration: Yes - NL outside intended use

Ethics review

Approved WMO

Date: 06-06-2008

Application type: First submission

Review commission: METC Universitair Medisch Centrum Groningen (Groningen)

Approved WMO

Date: 25-11-2008

Application type: First submission

Review commission: METC Universitair Medisch Centrum Groningen (Groningen)

Approved WMO

Date: 19-03-2010

Application type: Amendment

Review commission: METC Universitair Medisch Centrum Groningen (Groningen)

Approved WMO

Date: 12-04-2010

Application type: Amendment

Review commission: METC Universitair Medisch Centrum Groningen (Groningen)

Approved WMO

Date: 23-04-2010

Application type: Amendment

Review commission: METC Universitair Medisch Centrum Groningen (Groningen)

Approved WMO

Date: 13-07-2010

Application type: Amendment

Review commission: METC Universitair Medisch Centrum Groningen (Groningen)

Approved WMO

Date: 29-09-2010

Application type: Amendment

Review commission: METC Universitair Medisch Centrum Groningen (Groningen)

Approved WMO

Date: 01-03-2016

Application type: Amendment

Review commission: METC Universitair Medisch Centrum Groningen (Groningen)

Approved WMO

Date: 22-03-2016

Application type: Amendment

Review commission: METC Universitair Medisch Centrum Groningen (Groningen)

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 EUCTR2007-000821-23-NL

CCMO NL18527.042.08