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

Gepubliceerd: 09-09-2005 Laatst bijgewerkt: 13-12-2022

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

Ethische beoordeling	Positief advies
Status	Werving gestopt
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON20547

Bron
NTR

Verkorte titel
HOVON 24 MM

Aandoening

Multiple myeloma.

Ondersteuning

Primaire sponsor: Stichting Hemato-Oncologie voor Volwassenen Nederland (HOVON)
P/a HOVON Data Center
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Overige ondersteuning: 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.

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Remission rate.

Toelichting onderzoek

Achtergrond van het onderzoek

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.

Doel van het onderzoek

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

Onderzoeksopzet

N/A

Onderzoeksproduct en/of interventie

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.

Contactpersonen

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

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.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

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).

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Open / niet geblindeerd
Controle:	Geneesmiddel

Deelname

Nederland

Status:	Werving gestopt
(Verwachte) startdatum:	07-11-1995
Aantal proefpersonen:	452

Type:	Werkelijke startdatum

Ethische beoordeling

Positief advies

Datum:	09-09-2005
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL283
NTR-old	NTR321
Ander register	: Ho24
ISRCTN	ISRCTN82155239

Resultaten

Samenvatting resultaten

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.