

A randomized phase II multicenter study with a safety run-in to assess the tolerability and efficacy of the addition of oral tosedostat to standard induction therapy in AML and RAEB ≥ 66 years and very poor risk AML ≥ 18 years.

Gepubliceerd: 23-08-2010 Laatste bijgewerkt: 13-12-2022

To assess the tolerability and efficacy of the addition of oral tosedostat to standard induction therapy.

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

Samenvatting

ID

NL-OMON22002

Bron

NTR

Verkorte titel

HOVON 103 AML Tosedostat

Aandoening

Acute Myeloid leukemia (AML), RAEB

Ondersteuning

Primaire sponsor: HOVON Data Center

Overige ondersteuning: Celgene , HOVON, Koningin Wilhelmina Fonds (KWF)

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Part A of the study:

1. To assess the safety and tolerability of tosedostat added to standard induction chemotherapy for AML (frequency and severity of toxicities and the durations of neutropenia and thrombocytopenia) and select the feasible dose level for part B of the study;

2. To assess in a randomized comparison the effect of tosedostat on the CR rate.

Part B of the study:

1. To assess the safety and tolerability of tosedostat added to standard induction chemotherapy for AML (frequency and severity of toxicities and the durations of neutropenia and thrombocytopenia) as regards the selected dose level of tosedostat;

2. To assess in a randomized comparison the effect of the in Part A selected dose of tosedostat on the CR rate.

Toelichting onderzoek

Achtergrond van het onderzoek

Randomized phase II study.

Primary objectives:

Part A of the study:

1. To assess the safety and tolerability of tosedostat added to standard induction chemotherapy for AML (frequency and severity of toxicities and the durations of neutropenia and thrombocytopenia) and select the feasible dose level for part B of the study;
2. To assess in a randomized comparison the effect of tosedostat on the CR rate.

Part B of the study:

1. To assess the safety and tolerability of tosedostat added to standard induction chemotherapy for AML (frequency and severity of toxicities and the durations of neutropenia and thrombocytopenia) as regards the selected dose level of tosedostat;

2. To assess in a randomized comparison the effect of the in Part A selected dose of tosedostat on the CR rate.

Secondary objectives:

Part B of the study:

1. To determine the efficacy profile (event free survival (EFS), disease free survival (DFS) and overall survival (OS)) associated with the two therapy regimens;
2. To measure MRD by immunophenotyping in relation to clinical response parameters;
3. To identify potential biomarkers predictive of response, EFS, DFS and OS by exploratory genomic analysis (microarray, gene mutations).

Patient population:

Patients with AML (except FAB M3) or RAEB with IPSS ≥ 1.5 , previously untreated, age ≥ 66 yrs and very poor risk AML, age ≥ 18 yrs.

Study design:

This is a prospective, open label, multicenter study that is conducted in the frame of a masterprotocol with multiple parallel randomized phase II studies. The scheme of this design consists of one arm with the standard treatment for AML as compared to various arms with experimental treatments.

Patients in this study are treated with standard induction chemotherapy with or without tosedostat. During part A of the study the feasibility of combining lenalidomide with DNR/Cytarabine will be evaluated and the dose of tosedostat will be selected. Decisions regarding dose escalation, continuation with starting dose level or stopping, are based on the incidence of DLT (dose limiting toxicity: death within 31 days of start cycle I and before start cycle II).

During part B of the study that will be conducted with the selected dose of tosedostat, the CR rate (primary endpoint) and secondary endpoints (EFS, DFS, OS, as well as MRD and genomic profiling) will be assessed.

Duration of treatment:

Expected duration of 2 cycles of induction chemotherapy with or without tosedostat including evaluation is about 3 months.

Doel van het onderzoek

To assess the tolerability and efficacy of the addition of oral tosedostat to standard induction therapy.

Onderzoeksopzet

Clinical and laboratory evaluations:

1. At entry;
2. After each induction cycle;
3. During Follow Up, every 6 months.

Onderzoeksproduct en/of interventie

1. Arm A: Cycle I: Dauno/Cytarabine, cycle II: Cytarabine;
2. Arm C: Cycle I: Dauno/Cytarabine/Tosedostat, cycle II: Cytarabine/Tosedostat.

Contactpersonen

Publiek

VUMC, Afd. Hematologie
Postbus 7057
G.J. Ossenkoppele
Amsterdam 1007 NL
The Netherlands
+31 20 4442604

Wetenschappelijk

VUMC, Afd. Hematologie
Postbus 7057
G.J. Ossenkoppele
Amsterdam 1007 NL
The Netherlands
+31 20 4442604

Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1. Patients eligible for standard chemotherapy;
2. Patients ≥ 66 years with a cytopathologically confirmed diagnosis according WHO classification of:
 - A. AML (not APL) (see appendix A1), or;
 - B. Refractory anemia with excess of blasts (RAEB) with an IPSS score ≥ 1.5 .
- OR
3. Patients of any age ≥ 18 years with a cytopathologically confirmed diagnosis according WHO classification of very poor risk AML;
4. Subjects with secondary AML progressing from antecedent (at least 4 months duration) myelodysplasia are also eligible;
5. SGOT (AST) and SGPT (ALT) ≤ 1.5 x the upper limit of the normal range (ULN) at the laboratory where the analyses were performed;
6. Total serum bilirubin level ≤ 1.5 x the ULN at the laboratory where the analysis was performed;
7. Serum creatinine concentration ≤ 1.5 x ULN at the laboratory where the analysis was performed;
8. WHO performance status ≤ 2 ;
9. Written informed consent;
10. Female patients of childbearing potential must have a negative serum pregnancy test within 2 weeks prior to enrollment;
11. Male and female patients must use an effective contraceptive method during the study and for a minimum of 6 months after study treatment.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. Acute promyelocytic leukemia;
2. Patients previously treated for AML (any antileukemic therapy including investigational agents), a short treatment period (< 2 weeks) with Hydroxyurea is allowed;
3. Past or current history (within the last 2 years prior to randomization) of malignancies except for the indication under this study and curatively treated:
 - A. Basal and squamous cell carcinoma of the skin;
 - B. In situ carcinoma of the cervix.
4. Blast crisis of chronic myeloid leukemia;
5. Clinically significant (i.e. active) cardiovascular disease, for example cerebrovascular accidents (\leq 6 months prior to randomization), myocardial infarction (\leq 6 months prior to randomization), unstable angina, New York Heart Association (NYHA) grade II or greater congestive heart failure;
6. Patients with a history of non-compliance to medical regimens or who are considered unreliable with respect to compliance;
7. Patients with any serious concomitant medical condition which could, in the opinion of the investigator, compromise participation in the study;
8. Patients who have senile dementia, mental impairment or any other psychiatric disorder that prohibits the patient from understanding and giving informed consent;
9. Pregnant or lactating patients;
10. Current concomitant chemotherapy, radiation therapy, or immunotherapy other than as specified in the protocol.

Onderzoeksopzet

Opzet

Type: Interventie onderzoek
Onderzoeksmodel: Parallel

Toewijzing:	Gerandomiseerd
Blinding:	Open / niet geblindeerd
Controle:	Geneesmiddel

Deelname

Nederland	
Status:	Werving gestopt
(Verwachte) startdatum:	16-08-2010
Aantal proefpersonen:	200
Type:	Werkelijke startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Nog niet bepaald

Ethische beoordeling

Positief advies	
Datum:	23-08-2010
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	NL2370
NTR-old	NTR2477

Register

Ander register
ISRCTN

ID

Hovon : HO103TOS
ISRCTN wordt niet meer aangevraagd.

Resultaten

Samenvatting resultaten

N/A