Local immunotherapy with monobenzone and imiquimod cream (MI) for skin metastases in melanoma patients

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Immunotherapy by skin-bleaching agent monobenzone combined with immunostimulating agent imiquimod induces specific antimelanoma immunity and suppresses the growth of cutaneous melanoma metastases.

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

Samenvatting

ID

NL-OMON25340

Bron
Nationaal Trial Register

Verkorte titel
MI trial

Aandoening

melanoom, huiduitzaaiingen, cutane metastases
Melanoma, skin metastases, cutaneous metastases.

Ondersteuning

Primaire sponsor: NKI-AVL
Overige ondersteuning: KWF Kankerbestrijding en AMC

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

To study the clinical efficacy of local treatment with monobenzone and imiquimod cream on cutaneous metastases in stage III-IV melanoma patients

Toelichting onderzoek

Achtergrond van het onderzoek

Melanoma is an aggressive life-threatening type of cancer that still lacks effective treatment options for metastatic disease. Some patients also develop cutaneous metastases which are preferably surgically excised. In patients with large numbers of cutaneous metastases cold steel surgery no longer is an option and radiotherapy, isolated limb perfusion (ILP) carbon dioxide laser ablation, topical immune modifiers and intralesional therapy are used, often in an experimental, palliative setting. Clinical results vary; most therapies yield only temporary responses and fail to control disease.
Melanoma has shown to be a good candidate for immunotherapy, during which vitiligo development has been associated with a favourable clinical outcome. Recently, we developed a new therapy, based on the potent depigmentation agent monobenzone cream combined with imiquimod (MI). MI treatment induced effective melanoma-reactive immunity in established melanoma in mice. The topical immunostimulating compound imiquimod has been used as local therapy for cutaneous melanoma metastases in several experimental trials, showing an efficient anti-tumor response and sustained tumor regression after local application.

We aim at inducing immunity against melanocytes by skin-bleaching using monobenzone, combined with immunostimulation, using imiquimod, as means of local immunotherapy for cutaneous melanoma. The monobenzone/imiquimod (MI) regimen is a low-cost, simple therapy consisting of two creams. It is a non-invasive therapy and besides local skin irritation and depigmentation, no systemic side effects are expected to occur. It is applicable in broad range of patients as it requires no selection of HLA haplotypes. Based on our preclinical data, we expect MI therapy to be a good alternative or adjuvant for current local therapies used. The MI compounds have been registered and used for human skin application in the international dermatology practise, making the therapy easy applicable in the clinic. Melanoma patients with stable stage III-IV disease with unresectable cutaneous metastases will be asked to participate in this study. Treatment will consist of daily application of monobenzone 20% cream and 3x/week imiquimod cream (Aldara 5%) to cutaneous melanoma metastases during 12 weeks.

Doel van het onderzoek

Immunotherapy by skin-bleaching agent monobenzone combined with immunostimulating agent imiquimod induces specific antimelanoma immunity and suppresses the growth of cutaneous melanoma metastases.

Onderzoeksopzet

t=0 (baseline), 6 weeks, 12 weeks, 16 weeks.

Onderzoeksproduct en/of interventie

Melanoma patients who meet the inclusion criteria will be treated with daily monobenzone 20% cream combined with 3 times a week imiquimod cream (Aldara 5% imiquimod). If this treatment regimen gives too much local toxicity, treatment will be temporally stopped. When the skin has healed, treatment can be continued. Patients will apply maximally 2 sachets of Aldara cream 3 times a week on all cutaneous metastases present on an appointed body part (arm, leg) including a 1-2 cm circumferential area of normal skin around the lesions. Skin is an important target for MI therapy, since monobenzone specifically interacts with melanocytes which reside in the skin. This interaction can induce specific immunity that is active against melanoma cells. Therefore, treatment of normal skin is an important component of MI therapy. Hereafter, daily monobenzone 20% cream will be applied to the same skin area. Application is preferably done at night before going to sleep. At the baseline visit the cutaneous lesions to be treated will be appointed and measured. Treatment will in principle be continued for 12 weeks.

Contactpersonen

Publiek

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1. Subject is 18 years of age or older at baseline; M/F

2. Diagnosis of histopathologically confirmed melanoma

3. Presence of cutaneous metastases which are not surgically excisable

4. Performance status WHO 0 or 1

5. Subject’s most recent systemic treatment (chemotherapy, immunotherapy) was at least one month prior to inclusion

6. Subject has voluntarily signed and dated an informed consent prior to any study related procedure and is willing to comply with the requirements of this study protocol which has been approved by an Institutional Review Board (PTC)

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. Diagnosis of primary amelanotic melanoma

2. Symptomatic brain metastases

3. Concomitant treatment with immunosuppressive agents

4. Active systemic infections requiring antibiotics

5. For any reason, subject is considered by the local investigator to be an unsuitable candidate to participate in this trial.

Onderzoeksopzet

Opzet

Onderzoeksmodel: Anders
Controle: N.v.t. / onbekend

Deelname

Nederland

Status:	Werving gestopt
(Verwachte) startdatum:	01-05-2011
Aantal proefpersonen:	25
Type:	Werkelijke startdatum

Ethische beoordeling

Positief advies

Datum:	09-10-2014
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

ID: 34176
Bron: ToetsingOnline
Titel:

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL4419
NTR-old	NTR4848
CCMO	NL33849.031.10
OMON	NL-OMON34176

Resultaten