

# A randomised phase III study on the effect of thalidomide combined with Adriamycin®, dexamethasone and high dose melphalan in patients with multiple myeloma

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<b>Registration date</b> 20/12/2005	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 03/10/2016	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

NCT00028886

## Secondary identifying numbers

HO50

# Study information

## Scientific Title

A randomised phase III study on the effect of thalidomide combined with Adriamycin®, dexamethasone and high dose melphalan in patients with multiple myeloma

## Acronym

HOVON 50 MM/GMMG-HD3

## Study objectives

Study objectives:

Evaluation of the effect of thalidomide in addition to Adriamycin, Dexamethasone (AD) and high dose melphalan.

The hypothesis to be tested is that the outcome in arm B is better than in arm A.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Ethics approval received from the local medical ethics committee

## Study design

Multicentre randomised active controlled parallel group trial

## Primary study design

Interventional

## Secondary study design

Randomised parallel trial

## Study setting(s)

Hospital

## Study type(s)

Treatment

## Participant information sheet

Not available in web format, please use contact details to request a participant information sheet

## Health condition(s) or problem(s) studied

Multiple myeloma

## Interventions

Patients with multiple myeloma, meeting all eligibility criteria will be randomised on entry between:

Arm A: Standard Vincristine, Adriamycin and Dexamethasone (VAD) induction, followed by intensive chemotherapy with High-dose Melphalan, followed by maintenance therapy with alpha-interferon

Arm B: Induction chemotherapy with Thalidomide, Adriamycin and Dexamethasone (TAD) followed by intensive chemotherapy with High-dose Melphalan, followed by maintenance with Thalidomide

## **Intervention Type**

Drug

## **Phase**

Phase III

## **Drug/device/biological/vaccine name(s)**

Standard Vincristine, Doxorubicin (Adriamycin®) and Dexamethasone (VAD) induction, thalidomide, Adriamycin®, dexamethasone, melphalan, alpha-interferon

## **Primary outcome measure**

Event-free survival (i.e. time from registration to induction failure, progression or death, whichever occurs first); the time to failure of patients with induction failure is set at one day. Patients are considered induction failure when they have not achieved at least a Partial response (PR) and are not eligible for further treatment according to protocol.

## **Secondary outcome measures**

1. Response (PR and Complete Response [CR])
2. Overall survival measured from the time of registration. Patient still alive or lost to follow up are censored at the date they were last known to be alive
3. Progression free survival (duration of the first response [PR or CR]) measured from the time of achievement of PR (or CR) to date of progression or death from any cause (whichever occurs first)
4. Toxicities of thalidomide and chemotherapy

## **Overall study start date**

27/11/2001

## **Completion date**

01/06/2005

# **Eligibility**

## **Key inclusion criteria**

1. Patients with a confirmed diagnosis of multiple myeloma stage II or III according to the Salmon and Durie criteria
2. Age 18 to 65 years inclusive
3. World Health Organisation (WHO) performance status zero to three
4. Negative pregnancy test at inclusion if applicable
5. Written informed consent

**Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

18 Years

**Sex**

Both

**Target number of participants**

450

**Key exclusion criteria**

1. Known intolerance to thalidomide
2. Systemic AL amyloidosis
3. Previous chemotherapy or radiotherapy except two cycles of melphalan/prednisone or local radiotherapy in case of local myeloma progression
4. Severe cardiac dysfunction (New York Heart Association [NYHA] classification II to IV)
5. Significant hepatic dysfunction (serum bilirubin greater than or equal to 30 micromol/l or transaminases greater than or equal to 25 times normal level), unless related to myeloma
6. Patients known to be Human Immunodeficiency Virus (HIV)-positive
7. Patients with active, uncontrolled infections
8. Patients with a history of active malignancy during the past five years with the exception of basal carcinoma of the skin or stage 0 cervical carcinoma
9. Patients who are not willing or capable to use adequate contraception during the therapy (all men, all pre-menopausal women)
10. Patients less than or equal to 55 years with a Human Leukocyte Antigen (HLA)-identical sibling who will undergo myeloablative Allogeneic Stem Cell Transplantation (AlloSCT)

**Date of first enrolment**

27/11/2001

**Date of final enrolment**

01/06/2005

**Locations****Countries of recruitment**

Netherlands

**Study participating centre**

University Medical Centre Utrecht

Utrecht

Netherlands

3508 GA

# Sponsor information

## Organisation

Dutch Haemato-Oncology Association (Stichting Hemato-Oncologie Volwassenen Nederland) (HOVON) (Netherlands)

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## Sponsor type

Research organisation

## Website

<http://www.hovon.nl/>

## ROR

<https://ror.org/056kpx27>

# Funder(s)

## Funder type

Research organisation

## Funder Name

Dutch Haemato-Oncology Association (Stichting Hemato-Oncologie Volwassenen Nederland) (HOVON) (Netherlands)

## Funder Name

The National Cancer Fund (Koningin Wilhelmina Fonds [KWF]) (Netherlands)

# Results and Publications

## Publication and dissemination plan

Not provided at time of registration

**Intention to publish date**

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**

Not provided at time of registration

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol article</a>	protocol	01/10/2003		Yes	No
<a href="#">Results article</a>	results	01/06/2007		Yes	No
<a href="#">Results article</a>	results	11/02/2010		Yes	No
<a href="#">Results article</a>	results	01/12/2015		Yes	No