

# Cytomegalovirus (CMV) peptide vaccine for patients after stem cell transplantation

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<b>Registration date</b> 06/07/2016	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 11/09/2019	<b>Condition category</b> Infections and Infestations	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Cytomegalovirus (CMV) is a common virus belonging to the herpes family. It is spread through bodily fluids and can be passed on through close contact. Most cases do not cause symptoms, but it can cause flu-like symptoms and weaken the immune system. Research is currently underway to develop vaccines for CMV. It is possible that these transplants may reactivate an existing CMV infection in the recipient. This carries with it a high risk of disease and death. The aim of this study is to test a novel vaccine for patients that have a stem cell transplantation. To see whether it results in an effective immune response against the infection and therefore preventing it.

### Who can participate?

Patients about to undergo a bone marrow transplant and are at high risk of CMV reactivation.

### What does the study involve?

Participants are given 4 doses of the new vaccine (CMVpp65 peptide vaccine) every 2 weeks after their transplantation. They are examined for any CMV infection throughout with the final examination nine weeks after the first vaccination.

### What are the possible benefits and risks of participating?

Not provided at time of registration

### Where is the study run from?

University of Ulm, Department of Internal Medicine III (Germany)

### When is the study starting and how long is it expected to run for?

June 2011 to April 2015

### Who is funding the study?

Federal Ministry of Education and Research, BMBF (Germany)

### Who is the main contact?

1. Professor Michael Schmitt (scientific)  
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2. Professor Jochan Greiner (scientific)  
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## Contact information

### Type(s)

Scientific

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## Additional identifiers

### Clinical Trials Information System (CTIS)

2010-018884-40

### Protocol serial number

UL-CMV-1

## Study information

### Scientific Title

Preventive and therapeutic peptide-vaccination against CMV in patients after allogeneic bone-marrow or peripheral stem cell transplantation.

### **Study objectives**

Vaccination will result in a better immune response against CMV, thus clearing the viral load.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

IRB/Local Ethics Committee, Ethikkommission Ulm, 07/02/2006, ref: 15/06

### **Study design**

Non-randomized, single-arm, bi-centric study

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

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

Cytomegalovirus (CMV) infection

### **Interventions**

Patients received 4 doses of the CMVpp65 peptide vaccine (0.3 milligram each, total 1.2 milligram) subcutaneously at biweekly intervals. Blood was taken before each vaccination and after the last vaccination.

### **Intervention Type**

Biological/Vaccine

### **Phase**

Phase I

### **Primary outcome(s)**

1. Clearance of the CMV from the peripheral blood
2. Toxicity, measured according to Common Toxicity Criteria (CTC) v4.0, i.e. before each vaccination
3. Physical examination and lab tests for blood count, kidney and liver functions tests - final examination 9 weeks after first vaccination

### **Key secondary outcome(s)**

Evaluation of the frequency of CMV specific T cells and titers of CMV specific antibodies, via ELISPOT and tetramer-based flow cytometry assays

### **Completion date**

01/04/2015

## **Eligibility**

**Key inclusion criteria**

1. High risk for CMV reactivation: donor CMV negative, recipient CMV positive  
or
2. Diagnosis of CMV infection/reactivation after allogeneic bone marrow transplantation  
and
3. HLA-A2 expression
4. CD4 cell count > 50/mcl
5. Karnofsky index > 70 or ECOG-Status 0-II
6. Age > 18 years
7. Survival time at least 6 months
8. Sufficient renal function (creatinine and BUN < 3fold of the upper limit)
9. Sufficient liver function tests (SGOT/ SGPT/ < 3fold of the upper limit)
10. Compliance of the patient
11. Informed consent must be obtained in written form

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Total final enrolment**

10

**Key exclusion criteria**

1. Severe, overt Graft versus Host Disease (GvHD)• > 30 mg/day Prednisolon p.o. or i.v.
2. CNS involvement, severe psychiatric disease
3. Severe partial or global respiratory failure
4. Clinically overt cardiac failure (NYHA stage >=III)
5. Pregnancy or breast feeding
6. Females with no sufficient contraception
7. Contraindications against study therapeutics (including galenic substances)

**Date of first enrolment**

01/07/2011

**Date of final enrolment**

31/01/2012

## Locations

### Countries of recruitment

Germany

### Study participating centre

**University of Ulm, Department of Internal Medicine III**

Albert-Einstein-Allee 23

Ulm

Germany

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### Study participating centre

**University of Heidelberg, Department of Internal Medicine V**

Im Neuenheimer Feld 410

Heidelberg

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## Sponsor information

### Organisation

University Hospital Ulm

### ROR

<https://ror.org/05emabm63>

## Funder(s)

### Funder type

Government

### Funder Name

Bundesministerium für Bildung und Forschung

### Alternative Name(s)

Federal Ministry of Research, Technology and Space, Bundesministerium für Bildung und Forschung, Federal Ministry of Education and Research, BMBF

**Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

**Location**

Germany

## Results and Publications

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

Stored in repository

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/01/2017	11/09/2019	Yes	No