ISRCTN12974558 https://doi.org/10.1186/ISRCTN12974558

Adjunctive use of nilotinib in patient with imatinib resistant or intolerant chronic myeloid leukaemia (CML) undergoing a reduced intensity conditioned allogeneic transplant

Submission date
22/08/2008

Recruitment status
No longer recruiting

Registration date
30/09/2008

Overall study status
Completed

Last Edited
16/04/2018

Condition category
Cancer

[X] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[_] Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
RG_07-202

Study information

Scientific Title
Phase I/II study of the adjunctive use of nilotinib in patients undergoing reduced intensity allogeneic transplantation for imatinib resistant or intolerant chronic myeloid leukaemia

Acronym
TRICE

Study objectives
Disease relapse is the major cause of treatment failure after allogeneic transplantation using reduced intensity conditioned (RIC) regimens in patients with chronic myeloid leukaemia (CML) and therefore strategies which reduce the risk of disease relapse are required. Although there has been interest in the use of prophylactic donor lymphocyte infusions (DLI) to reduce the risk of relapse, their use is associated with a significant risk of severe graft-versus-host disease (GvHD) when administered early post-transplant. Nilotinib has potent anti-leukaemic activity in patients who are resistant or intolerant to imatinib and this study aims to examine whether its administration post-transplant can modify the kinetics of disease relapse after a RIC allograft thereby eliminating or postponing the requirement for DLI.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Cambridgeshire 1 Research Ethics Committee, 24/10/2008, ref: 08/H0304/91

Study design
Phase I/II multicentre single-arm open-label non-randomised study

Primary study design
Interventional

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Chronic myeloid leukaemia (CML)

Interventions
Nilotinib will be commenced on day +35 post-transplant. Nilotinib will be commenced at a dose of 200 mg daily (orally) for two weeks and if this is tolerated, it will be increased to 200 mg twice daily for a further two weeks. Patients will further escalate their dose to 400 mg twice daily (bd) until 12 months post-transplant. Nilotinib will then be discontinued. The total follow-up period is 13 months.

Intervention Type
Drug

Phase
Phase I/II

Drug/device/biological/vaccine name(s)

Nilotinib

Primary outcome(s)
Safety and tolerability of nilotinib therapy. Adverse events and therapy-related side effects will be monitored continuously during nilotinib treatment and until 28 days after the last dose.

Key secondary outcome(s))
1. Relapse rate, assessed at 12 months post-transplant
2. Survival, assessed annually until 3 years post-transplant

Completion date
29/10/2010

Eligibility

Key inclusion criteria
1. BCR/ABL positive CML in first chronic phase
2. Resistant or intolerant to imatinib mesylate
3. Aged greater than 18 years, either sex
4. Patients with a human leukocyte antigen (HLA) identical sibling donor or a suitable matched unrelated donor
5. Patients considered fit for transplantation
6. Patients must be able to swallow capsules
7. Liver function less than 2.5 upper limit of normal
8. In patients with magnesium and potassium levels below the lower limit of normal (LLN), every attempt should be made to normalise levels
9. All men and women of child bearing potential must agree to practice effective contraception during the entire study period
10. CML patients who have been treated with an investigational tyrosine kinase inhibitor who otherwise meet the definition or imatinib-resistance or intolerance are eligible
11. Give written informed consent prior to study specific screening procedures, with the understanding that the patient has the right to withdraw from the study at any time, without prejudice
12. Be willing and able to comply with the protocol for the duration of the study

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 years

Sex
All

Key exclusion criteria
1. Patients with an allergy to fludarabine, busulphan, campath or nilotinib
2. BCR/ABL negative CML
3. Pregnant or lactating women
4. Patients with organ allografts
5. Impaired cardiac function
6. Patients with any other condition, which in the Investigator's opinion would not make the patient a good candidate for the clinical trial

Date of first enrolment
03/11/2008

Date of final enrolment
29/10/2010

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Queen Elizabeth Hospital
Birmingham
United Kingdom
B15 2TH

Sponsor information

Organisation
University of Birmingham (UK)

ROR
https://ror.org/03angcq70

Funder(s)

Funder type
Industry

Funder Name

Novartis Pharmaceuticals UK Limited

Alternative Name(s)
Novartis UK, NOVARTIS UK LIMITED

Funding Body Type
Private sector organisation

Funding Body Subtype
For-profit companies (industry)

Location
United Kingdom

Results and Publications

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?
HRA research summary			28/06/2023	No	No