

# MUK eleven: Viral Immunotherapy in Relapsed /Refractory Multiple Myeloma

<b>Submission date</b> 09/01/2017	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 11/01/2017	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 17/11/2022	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-study-of-reolysin-alongside-lenalidomide-or-pomalidomide-for-myeloma-muk-eleven>

## Contact information

### Type(s)

Public

### Contact name

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### Contact details

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Leeds  
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LS2 9JT

## Additional identifiers

### Clinical Trials Information System (CTIS)

2016-001564-11

### Protocol serial number

31775

## Study information

### Scientific Title

VIReL: Viral immunotherapy in Relapsed/Refractory Multiple Myeloma - A Phase I Study to Assess the Safety and Tolerability of REOLYSIN® (pelareorep) in Combination with Lenalidomide or Pomalidomide

## **Acronym**

MUK eleven

## **Study objectives**

To main aim of this study is to determine the Maximum Tolerated Doses (MTDs) of REOLYSIN® in combination with lenalidomide or pomalidomide in two separate groups of patients with multiple myeloma demonstrating evidence of serological disease progression.

## **Ethics approval required**

Old ethics approval format

## **Ethics approval(s)**

Yorkshire & The Humber - Leeds West Research Ethics Committee, 09/11/2016, ref: 16/YH/0388

## **Study design**

Non-randomised; Interventional; Design type: Treatment, Drug, Immunotherapy

## **Primary study design**

Interventional

## **Study type(s)**

Treatment

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

Specialty: Cancer, Primary sub-specialty: Haematological Oncology; UKCRC code/ Disease: Cancer/ Malignant neoplasms, stated or presumed to be primary, of lymphoid, haematopoietic and related tissue

## **Interventions**

Participants will be treated with REOLYSIN® along with lenalidomide or pomalidomide, depending on which of these drugs they were previously taking immediately before starting on the trial. Treatment will be given in cycles lasting 28 days in the following schedule:

Lenalidomide or pomalidomide - oral, on days 1-21

REOLYSIN® - intravenous infusion over 1 hour on days 1, 8, 15 and 22

Treatment will last until the participant's multiple myeloma progresses, their doctor decides it is necessary to stop treatment or until the participant decides they do not want any more treatment within the study. The frequency of follow-up visits will be decided by the participant's doctor but we will continue to collect data for up to 3 years.

## **Intervention Type**

Other

## **Phase**

Phase I

## Primary outcome(s)

Dose-limiting toxicities are measured in real-time for each patient to inform dose escalation decisions after cycle 1 (28 days) of treatment.

## Key secondary outcome(s)

1. Safety profile of REOLYSIN® and lenalidomide or pomalidomide is assessed based on the occurrence of SAEs, SARs and SUSARs until 28 days after the last dose of trial treatment for each patient
2. Toxicity profile of REOLYSIN® and lenalidomide or pomalidomide is assessed based on adverse events, as graded by CTCAE V4.0, and determined by routine clinical assessments at each centre until 28 days after the last dose of trial treatment for each patient
3. Response rate (stable disease or better) is measured using IMWG criteria after 6 cycles of therapy in patients treated at the maximum tolerated dose
4. Maximum response within 6 cycles of therapy is measured using IMWG criteria in patients treated at the maximum tolerated dose
5. Maximum response overall is measured using IMWG criteria in patients treated at the maximum tolerated dose when they have finished their treatment.
6. Time to maximum response in patients treated at the maximum tolerated dose is measured using IMWG criteria when they have finished their treatment
7. Progression-free survival is calculated for each patient from the date of registration up to first documented evidence of disease progression or death. Measured only in patients treated at the maximum tolerated dose
8. Overall survival is calculated for each patient from the date of registration to death. Measured only in patients treated at the maximum tolerated dose.

Exploratory outcome measure:

Immune response biomarker profile of REOLYSIN® and lenalidomide or pomalidomide administered in combination.

## Completion date

01/05/2019

## Eligibility

### Key inclusion criteria

1. Diagnosed with symptomatic multiple myeloma (according to IMWG 2014 criteria)
2. Evaluable disease by modified IMWG criteria (i.e. by abnormal serum M protein, urinary M protein or serum free light chain assays)
3. Currently receiving either lenalidomide or pomalidomide therapy, alone or in combination with other myeloma therapy, with evidence of serological or clinical disease progression as defined by IMWG criteria (2011)
4. Life expectancy of  $\geq 3$  months
5. ECOG performance status of  $\leq 2$
6. Required laboratory values within 14 days prior to dose allocation:
7. Absolute neutrophil count  $\geq 1.0 \times 10^9 /L$ . (growth factor support is not permitted)
8. Platelet count  $\geq 70 \times 10^9/L$ . (platelet support is not permitted; platelets  $< 70$  but  $\geq 25$  acceptable if bone marrow is  $> 50\%$  infiltrated by MM)
9. Haemoglobin  $\geq 8$  g/dL. Blood support is permitted
10. Serum bilirubin  $\leq 2 \times$  upper limit of normal (ULN)
11. ALT or AST  $\leq 2.5 \times$  ULN

- 12 Serum creatinine  $\leq 2 \times$  ULN
13. Corrected calcium  $\leq 2.8$  mmol/l
14. Negative HIV and viral (B and C) hepatitis test result within 14 days prior to dose allocation
15. Able to give informed consent and willing to follow trial protocol
16. Aged 18 years or over
17. All participants must agree to follow the Celgene Pregnancy Prevention Programme (PPP) and participate in the counselling associated with this:
18. Females of childbearing potential (FCBP) must agree to utilise two reliable forms of contraception simultaneously or practice complete abstinence for at least for 28 days prior to starting trial treatment, during the trial and for at least 28 days after trial treatment discontinuation, and even in case of dose interruption, and must agree to Celgene PPP pregnancy testing during this timeframe
19. Females must agree to abstain from breastfeeding during trial participation and 28 days after trial drug discontinuation
20. Males must agree to use a latex condom during any sexual contact with FCBP (or must practice complete abstinence) during the trial, including during dose interruptions and for 28 days following discontinuation from this trial even if he has undergone a successful vasectomy
21. Males must also agree to refrain from donating semen or sperm while on pomalidomide including during any dose interruptions and for 28 days after discontinuation from this trial
22. All participants must agree to refrain from donating blood while on trial drug including during dose interruptions and for 28 days after discontinuation from this trial

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Total final enrolment**

4

**Key exclusion criteria**

1. Non-secretory multiple myeloma
2. Pregnant (positive pregnancy test) in line with the Celgene Pregnancy Prevention Programme or breast feeding
3. Previous anti-tumour therapies including experimental agents, other than lenalidomide or pomalidomide, within 28 days of the start of protocol treatment. Steroid therapy is permitted, but must be stopped 48 hours prior to cycle 1 day 1
4. Concurrent or previous malignancies (<12 months post end of treatment) at other sites, with the exception of appropriately treated localised epithelial skin or cervical cancer, or incidental histologic findings of prostate cancer (TNM stage T1a or 1b). Participants with histories ( $\geq 12$  months) of other tumours, in remission and not currently on therapy, may be entered.

5. System corticosteroid therapy for comorbidities (i.e. medical conditions other than multiple myeloma) that cannot be stopped for the duration of the trial. Topical corticosteroid therapy is not an exclusion criterion.
6. Any history of known hypersensitivity to any of the trial medications or excipients
7. Active symptomatic fungal, bacterial, and/or viral infection
8. Poorly controlled or serious medical or psychiatric illness that, in the Investigator's opinion, is likely to interfere with participation and/or compliance in this clinical trial
9. Patients with significant cardiovascular disease (e.g. history of congestive heart failure requiring therapy ( $\geq$  NYHA Class III), presence of severe valvular heart disease, presence of an atrial or ventricular arrhythmia requiring treatment, uncontrolled hypertension, or history of QTc abnormalities)
10. Radiotherapy or major surgery within 4 weeks prior to registration
11. Greater than or equal to grade 2 neuropathy, with or without pain

**Date of first enrolment**

01/02/2017

**Date of final enrolment**

01/11/2018

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**St. James's University Hospital**

Beckett Street

Leeds

United Kingdom

LS9 7TF

## Sponsor information

**Organisation**

University of Leeds

**ROR**

<https://ror.org/024mrx33>

## Funder(s)

**Funder type**

Charity

**Funder Name**

Myeloma UK

**Alternative Name(s)****Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Other non-profit organizations

**Location**

United Kingdom

## Results and Publications

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

The datasets generated during and/or analysed during the current study are/will be available on request from the CTRU CARP Programme (carp@leeds.ac.uk). Raw data will be provided and will be available from now for 25 years. The researchers will accept proposals from ethically approved academic and commercial projects, consent has been obtained from participants for future research, and the data will be anonymised before being transferred.

**IPD sharing plan summary**

Available on request

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Basic results</a>	version 1.0	17/11/2022	17/11/2022	No	No
<a href="#">HRA research summary</a>			26/07/2023	No	No