A phase II study of the use of azacitidine for the treatment of patients with chronic graft-versus-host-disease

Submission date 21/11/2016	Recruitment status No longer recruiting	Prospectively registered		
		[_] Protocol		
Registration date	Overall study status Completed	[] Statistical analysis plan		
21/11/2016		[_] Results		
Last Edited 18/12/2023	Condition category Cancer	Individual participant data		
		[] Record updated in last year		

Plain English summary of protocol

https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-looking-at-using-azacitidine-for-people-with-chronic-graft-versus-host-disease-aztec

Study website www.birmingham.ac.uk/aztec

Contact information

Type(s) Scientific

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Additional identifiers

EudraCT/CTIS number 2014-005659-19

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers 19722

Study information

Scientific Title

A phase II study of the use of azacitidine for the treatment of patients with chronic graft--versus-host-disease who have failed therapy with corticosteroids

Acronym

AZTEC

Study objectives

The aim of this study is to determine the value of azacitidine in patients with chronic graft--versus--host-disease (GvHD) who do not respond to, or have become dependent on, steroids.

Ethics approval required Old ethics approval format

Ethics approval(s) East Midlands- Nottingham 2 Research Ethics Committee, 21/10/2015, ref: 15/EM/044

Study design Non-randomised; Interventional; Design type: Treatment, Drug

Primary study design Interventional

Secondary study design Non randomised study

Study setting(s) Hospital

Study type(s) Treatment

Participant information sheet See additional files

Health condition(s) or problem(s) studied Chronic graft--versus--host-disease

Interventions

All patients will receive treatment with 36mg/m2 of azacitidine of days 1-5 of each cycle. Each cycle will last 28 days. Azacitidine may be administered via subcutaneous injection or

intravenously. Patients will receive 6 cycles of azacitidine treatment. Patients may continue beyond 6 cycles (maximum of 10) if clinical benefit is observed. The patients will be followed up for 6 months after the last treatment with azacitidine. The maximum duration the patient will be on study is 16 months.

Intervention Type

Other

Phase

Phase II

Primary outcome measure

Best overall response (complete or partial) (GvHD) within 6 months as defined by modified National Institutes of health (NIH) Consensus Response Criteria – analysed by the number and proportion of patients in each response category (GvHD) reported within 6 months and overall, as a proportion of the total number of patients recruited with 95% confidence intervals.

Secondary outcome measures

1. Best organ level response (GvHD) as determined by the incremental improvement and changes in individual organ systems involved in cGvHD according to modified NIH Consensus Response Criteria – analysed by the number of patients in each clinical response category (GvHD) based on their overall 'best' response and changes in the patients' organ systems will be reported and presented as a proportion of the total number of patients recruited with 95% confidence intervals within 6 months

2. Quality of Life is measured using the FACT-BMT (version 4) questionnaire at baseline, cycles 1-6 and if clinical response seen cycles 7-10, end of treatment visit and 3 and 6 month follow-up 3. Duration of response measured via average duration of response reported with full range and Reduction in corticosteroid dosage – analysed by the percentage change from baseline in corticosteroid dosage at 6 months and one year

Overall study start date

21/12/2012

Completion date

29/12/2022

Eligibility

Key inclusion criteria

1. Patients with moderate or severe cGvHD OR progressive, recurrent or delayed -onset acute GvHD as defined by the NIH Consensus Conference Diagnostic Criteria who have failed therapy with corticosteroids (+/- calcineurin inhibitors).

Failure of corticosteroid is defined as either:

1.1. Progression of cGvHD on 1 mg/kg/day prednisolone over 2 weeks

1.2. Stable cGvHD on ≥0.5 mg/kg/day prednisolone over 4 weeks

1.3. Inability to taper prednisolone below 0.5mg/kg/day without recurrence of clinical manifestations

1.4. Inability to tolerate first line therapy* (eg steroid myopathy, calcineurin inhibitor-induced renal toxicity)

*Patients must have proven steroid toxicity to meet this criterion for having failed corticosteroid therapy. These cases must be discussed with the Chief Investigator prior to trial entry.

2. Patients must be unable to receive treatment with extracorporeal photophoresis (ECP) therapy (either refractory/intolerant to ECP, lack of ECP availability at local institution or patient /physician preference)

3. Age ≥16 years of age

4. Life expectancy of at least 3 months with no imminent relapse expected

5. Women of childbearing potential and all men must be using adequate birth control measures

throughout the study and for a minimum of 3 months following the end of trial treatment

6. Able to provide written informed consent

7. Patients must be able to comply with all study procedures

Participant type(s)

Patient

Age group

Adult

Lower age limit

16 Years

Sex

Both

Target number of participants

Planned Sample Size: 35; UK Sample Size: 35

Total final enrolment

14

Key exclusion criteria

- 1. Uncontrolled infection ≥ grade 3 requiring treatment at study entry
- 2. Neutrophil count <1x109/L (support with GCSF permitted)
- 3. Platelet count <30 x109/L
- 4. Known HIV infection
- 5. Known hepatitis B or C
- 6. ECOG ≥ 3
- 7. Patients with ocular GvHD only
- 8. Pulmonary GvHD

9. Patients receiving active therapy for cGvHD within 14 days of study entry (with the exception of corticosteroids and calcineurin inhibitors)

- 10. Any investigational agents within 14 days of study entry
- 11. Treatment with ECP within 6 months of study entry
- 12. Known hypersensitivity to azacitidine
- 13. Women who are pregnant or breastfeeding

14. Any other condition that in the Investigator's opinion will affect the patient's participation in this trial

Date of first enrolment

29/04/2016

Date of final enrolment

31/12/2019

Locations

Countries of recruitment England

United Kingdom

Wales

Study participating centre St Bartholomew's Hospital West Smithfield London United Kingdom EC1A 7DE

Study participating centre Bristol Haematology & Oncology Centre Horfield Road Bristol United Kingdom BS2 8ED

Study participating centre

Cambridge Cancer Trials Centre

Cambridge University Hospitals NHS Foundation Trust Addenbrooke's Hospital Cambridge Biomedical Campus Hills Road Cambridge United Kingdom CB2 0QQ

Study participating centre Churchill Hospital Old Road Headington Oxford United Kingdom OX3 7LJ

Study participating centre Freeman Hospital

Freeman Road High Heaton Newcastle-upon-Tyne United Kingdom NE7 7DN

Study participating centre St Marys Hospital Praed Street

London United Kingdom W2 1NY

Study participating centre

Manchester Royal Infirmary Oxford Road Manchester United Kingdom M13 9WL

Study participating centre Queen Elizabeth Hospital

Edgbaston Birmingham United Kingdom B15 2TH

Study participating centre Royal Liverpool Hospital

Prescot Street Liverpool United Kingdom L7 8XP

Study participating centre St James University Hospital Becket Street

Leeds United Kingdom LS9 7TF

Study participating centre University Hospital Wales Heath Park Cardiff United Kingdom CF14 4XW

Sponsor information

Organisation University of Birmingham

Sponsor details Research Support Group Aston Webb, B Block Edgbaston Birmingham England United Kingdom B15 2TT +44 (0)1214 158011 researchgovernance@contacts.bham.ac.uk

Sponsor type University/education

ROR https://ror.org/03angcq70

Funder(s)

Funder type Charity

Funder Name Leukaemia and Lymphoma Research

Alternative Name(s)

Funding Body Type Private sector organisation

Funding Body Subtype

Other non-profit organizations

Location

United Kingdom

Results and Publications

Publication and dissemination plan

The results of this trial will be submitted for publication in a peer reviewed journal. This would be at the end of the follow-up period (December 2019). Short communications and abstracts may be prepared during the earlier parts of the study depending on the data collected.

Intention to publish date

29/12/2023

Individual participant data (IPD) sharing plan

The datasets generated and/or analysed during the current study during this study will be included in the subsequent results publication.

IPD sharing plan summary

Other

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient- facing?
Participant information sheet	version V2.0	07/10 /2015	21/11 /2016	No	Yes
<u>Plain English results</u>			04/05 /2022	No	Yes
Interim results article	Results of first stage (tolerability) of two- stage study	01/12 /2021	18/12 /2023	Yes	No