

Attenuated dose rituximab with chemotherapy in chronic lymphocytic leukaemia (CLL)

Submission date 17/09/2008	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 25/09/2008	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 24/03/2022	Condition category Cancer	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

<http://www.cancerhelp.org.uk/trials/a-trial-adding-rituximab-mitoxantrone-to-fludarabine-cyclophosphamide-treat-chronic-lymphocytic-leukaemia>

Contact information

Type(s)

Scientific

Contact name

Prof Peter Hillmen

Contact details

Department of Haematology
Level 3
Bexley Wing
St James's University Hospital
Beckett Street
Leeds
United Kingdom
LS9 7TF
+44 (0)113 206 8513
peter.hillmen@nhs.net

Additional identifiers

EudraCT/CTIS number

2009-010998-20

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

HTA 07/01/38; Sponsor ref: HM09/8848

Study information

Scientific Title

A randomised, phase IIB trial in previously untreated patients with chronic lymphocytic leukaemia (CLL) to compare fludarabine, cyclophosphamide and rituximab (FCR) with FC, mitoxantrone and low dose rituximab (FCM-miniR)

Acronym

ARCTIC

Study objectives

This trial aims to establish whether the addition of mitoxantrone (M) with a reduced dose of rituximab (R), to fludarabine (F) and cyclophosphamide (C) - FCM-miniR is as effective as FCR in terms of response in patients with previously untreated chronic lymphocytic leukaemia (CLL).

Ethics approval required

Old ethics approval format

Ethics approval(s)

Leeds (East) Research Ethics Committee, 25/06/2009, ref: 09/H1306/54

Study design

Multi-centre phase II open non-inferiority randomised controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

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

Health condition(s) or problem(s) studied

Chronic lymphocytic leukaemia (CLL)

Interventions

Patients will be randomised to receive 6 cycles of either FCR or FCM-miniR according to the following regimens:

Fludarabine, cyclophosphamide and rituximab (FCR):

Fludarabine (oral)* 24 mg/m²/day, Days 1 to 5

Cyclophosphamide (oral)* 150 mg/m²/day, Days 1 to 5

Rituximab (intravenous) 375 mg/m², Day 1 (Cycle 1)

Rituximab (intravenous) 500 mg/m², Day 1 (Cycle 2-6)

Cycles of FCR are repeated every 28 days for a total of 6 cycles.

G-CSF (lenograstim 263 mg/day) for days 7 to 13 is recommended for all subsequent cycles in patients who have to have a previous dose delay due to neutropenia.

*Patients should be questioned regarding nausea and vomiting or diarrhoea occurring with the prior cycle of therapy and if this is present then the fludarabine and cyclophosphamide should be given via the intravenous route due to concerns over drug absorption. Intravenous fludarabine (25 mg/m²/day for 3 days) and cyclophosphamide (250mg/m²/day for 3 days) regimens are recommended if the oral regimen is not tolerated.

Fludarabine, cyclophosphamide, rituximab and mitoxantrone (FCM-miniR):

Fludarabine (oral)* 24 mg/m²/day, Days 1 to 5

Cyclophosphamide (oral)* 150 mg/m²/day, Days 1 to 5

Mitoxantrone (intravenous) 6 mg/m²/day, Day 1

Mini Rituximab (intravenous) 100 mg, Day 1

Cycles of FCM-miniR are repeated every 28 days for a total of 6 cycles.

G-CSF (lenograstim 263 mg/day) for days 7 to 13 is recommended for all subsequent cycles in patients who have to have a previous dose delay due to neutropenia.

*Patients should be questioned regarding nausea and vomiting or diarrhoea occurring with the prior cycle of therapy and if this is present then the fludarabine and cyclophosphamide should be given via the intravenous route due to concerns over drug absorption. Intravenous fludarabine (25 mg/m²/day for 3 days) and cyclophosphamide (250 mg/m²/day for 3 days) regimens are recommended if the oral regimen is not tolerated.

Patients will be evaluated every 6 months after the end of therapy until disease progression requiring therapy or until 2 years post-randomisation. All patients will be followed-up for survival until death as part of a long term follow-up registry which is currently in set-up.

Intervention Type

Drug

Phase

Phase II

Drug/device/biological/vaccine name(s)

Mitoxantrone, rituximab, fludarabine, cyclophosphamide

Primary outcome measure

Proportion of patients achieving a complete response (CR), as defined by the IWCLL criteria. A formal assessment of response by IWCLL criteria will be made 3 months after the end of therapy.

Secondary outcome measures

1. Proportion of patients with undetectable minimal residual disease (MRD) according to the IWCLL Response Criteria, assessed at baseline and 3 months after the end of therapy. Patients who are MRD negative at the end of treatment will also be followed up every 6 months after the

end of therapy until disease progression requiring therapy or 2 years post-randomisation. All patients will be followed up for survival until death.

2. Overall response rate defined as complete or partial remission by IWCLL Criteria at 3 months after the end of therapy
3. Progression-free survival at 2 years
4. Overall survival at 2 years
5. Safety and toxicity. Adverse events (AEs) related to the treatment will be collected from randomisation until 30 days after the last dose of treatment with FCR or FCM-miniR.
6. Economic evaluation (time frame not yet finalised)

Overall study start date

01/01/2009

Completion date

31/12/2011

Eligibility

Key inclusion criteria

1. Both males and females, at least 18 years old
2. B-CLL with a characteristic immunophenotype
3. Binet's Stages B, C or Progressive Stage A
4. Requiring therapy by the International Workshop on CLL (IWCLL) criteria in that they must have at least one of the following: Evidence of progressive marrow failure as manifested by the development of, or worsening of, anaemia and/or thrombocytopenia
5. Massive (i.e. 6 cm below the left costal margin) or progressive or symptomatic splenomegaly
6. Massive nodes (i.e. 10 cm in longest diameter) or progressive or symptomatic lymphadenopathy
7. Progressive lymphocytosis with an increase of more than 50% over a 2-month period or lymphocyte doubling time (LDT) of less than 6 months as long as the lymphocyte count is over $30 \times 10^9/L$
8. A minimum of any one of the following disease-related symptoms must be present:
 - 8.1. Unintentional weight loss more than or equal to 10% within the previous 6 months
 - 8.2. Significant fatigue (i.e. Eastern Cooperative Oncology Group PS 2 or worse; cannot work or unable to perform usual activities)
 - 8.3. Fevers of greater than 38.0°C for 2 or more weeks without other evidence of infection
 - 8.4. Night sweats for more than 1 month without evidence of infection
9. No prior therapy for CLL
10. World Health Organization (WHO) performance status (PS) of 0, 1 or 2
11. Able to provide written informed consent

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

206

Key exclusion criteria

1. Prior therapy for CLL
2. Active infection
3. Past history of anaphylaxis following exposure to rat or mouse derived CDR-grafted humanised monoclonal antibodies
4. Pregnancy, lactation or women of child-bearing potential unwilling to use medically approved contraception whilst receiving treatment
5. Men whose partners are capable of having children but who are not willing to use appropriate medically approved contraception during the study, unless they are surgically sterile
6. Central nervous system (CNS) involvement with CLL
7. Mantle cell lymphoma
8. Other severe, concurrent diseases or mental disorders
9. Known HIV positive
10. Patient has active or prior hepatitis B or C
11. Active secondary malignancy excluding basal cell carcinoma
12. Persisting severe pancytopenia (neutrophils $<0.5 \times 10^9/l$ or platelets $<50 \times 10^9/l$) or transfusion dependent anaemia unless due to direct marrow infiltration by CLL
13. Active haemolysis (patients with haemolysis controlled with prednisolone at a dose 10 mg or less per day can be entered into the trial)
14. Patients with a creatinine clearance of less than 30 ml/min (either measured or derived by the Cockcroft formula)

Date of first enrolment

01/01/2009

Date of final enrolment

31/12/2011

Locations

Countries of recruitment

England

Ireland

United Kingdom

Study participating centre

St James's University Hospital

Leeds

United Kingdom

LS9 7TF

Sponsor information

Organisation

Leeds Teaching Hospitals NHS Trust (UK)

Sponsor details

Research & Development
Floor A/B - Old Site
Leeds General Infirmary
Great George Street
Leeds
England
United Kingdom
LS1 3EX
+44 (0)113 39 20152
derek.norfolk@leedsth.nhs.uk

Sponsor type

Hospital/treatment centre

Website

<http://www.leedsteachinghospitals.com>

ROR

<https://ror.org/00v4dac24>

Funder(s)

Funder type

Government

Funder Name

Health Technology Assessment Programme

Alternative Name(s)

NIHR Health Technology Assessment Programme, HTA

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

Not provided at time of registration

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/05/2017		Yes	No
Results article	results	01/11/2017		Yes	No
Plain English results			24/03/2022	No	Yes
HRA research summary			28/06/2023	No	No