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A trial of directed therapy in younger patients with acute myeloid leukaemia: MRC AML 15

Submission date 02/05/2001	**Recruitment status** No longer recruiting	[X] Prospectively registered [_] Protocol [_] Statistical analysis plan [X] Results [_] Individual participant data
Registration date 02/05/2001	**Overall study status** Completed	
Last Edited 24/03/2022	**Condition category** Cancer	

Plain English summary of protocol
http://cancerhelp.cancerresearchuk.org/trials/a-trial-comparing-different-chemotherapy-regimes-and-the-use-of-mylotarg-monoclonal-antibody-in-treatment-of-acute-myeloid-leukaemia

Study website
http://www.aml15.bham.ac.uk/

Contact information

Type(s)
Scientific

Contact name
Prof AK Burnett

Contact details
Department of Haematology
University of Wales College of Medicine
Heath Park
Cardiff
United Kingdom
CF14 4XN
+44 (0)29 2074 2375
burnettak@cardiff.ac.uk

Additional identifiers

EudraCT/CTIS number
2005-001149-40

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
G9901427

Study information

Scientific Title
A trial of directed therapy in younger patients with acute myeloid leukaemia: MRC AML 15

Acronym
MRC AML 15

Study objectives
The AML trial has two separate parts:
1. For patients with Acute Myeloid Leukaemia (AML), other than acute promyelocytic leukaemia (APL), as defined by the World Health Organisation (WHO) classification (2001).
2. For patients with Acute Promyelocytic Leukaemia (APL).
The objectives for each of these components are summarised below.

Therapeutic questions for patients with non-APL AML: For patients with acute myeloid leukaemia (AML) the aims of the AML15 trial are:
1. To compare two induction schedules (namely DAT and FLAG-Ida)
2. To assess the value of Mylotarg during induction
3. To compare the standard MRC consolidation chemotherapy (i.e. MACE + MidAC) versus high-dose Ara-C
4. For those allocated to high-dose Ara-C to compare high-dose ARA-C during consolidation (see above) at two different doses (1.5 g/m squared versus 3.0g/m squared)
5. To assess the value of Mylotarg during consolidation
6. To compare four versus five courses of treatment in total (where the final course is intermediate-dose Ara-C)
7. In standard and poor risk patients, to evaluate, by means of a genetic randomisation, the value of allogeneic stem cell transplantation [SCT, whether standard allogeneic (allo-SCT) or non-myeloablative mini allogeneic (mini-SCT)]

Therapeutic questions for patients with APL. For patients with APL:
1. To compare the MRC approach (i.e. four courses of intensive chemotherapy) with the Spanish approach (based on anthracyclines with maintenance therapy)
2. To assess the value of Mylotarg during consolidation (i.e. with course 3)

Ethics approval required
Old ethics approval format

Ethics approval(s)
Not provided at time of registration

Study design
Randomised controlled trial

Primary study design

Interventional

Secondary study design
Randomised controlled trial

Study setting(s)
Not specified

Study type(s)
Not Specified

Participant information sheet

Health condition(s) or problem(s) studied
Leukaemia

Interventions
1. (R1) Patients with acute promyelocytic leukemia (APL) will be randomised to receive oral retinoic acid together with either MRC H-DAT chemotherapy or the Spanish Intermittent Idarubicin. Following confirmation of remission, patients will continue with the MRC (DAT:MACE: MIDAC) or Spanish chemotherapy but will be randomised to receive CMA-676/Myelotarg (Immunoconjugate) on day 1 of course 3 or not. (Patients will be monitered molecularly by Reverse Transcription (RT) and real time Polymerase Chain Reaction (PCR) to predict relapse. Three quality of life assessments will be made at 3, 6 and 9 months and resource use information will be collected for cost benefit analysis.)
2. (R2) Non-APL patients will be randomised to receive induction cources 1 and 2 with H-Dat (Daunorbicin:Ara-C, Thioguanine) or FLA_G IDA (Fludarabine, Ara C, G-CSF, Idarubicin) and to receive CMA-676 (Myelotarg) on day 1 of course 1 or not.
3. Following the first course of chemotherapy the risk profile of each patient will be determined (based on cytogenetics, blast clearance after course 1). Good risk patients (15%) will leave AML15 and will enter the MRC AML High Risk Trial.
4. (R3)(R4) Patients who have completed course 2 and are allocated to the chemotherapy comparisons will be randomised to receive CMA-676 (Myelotarg) on day 1 of course 3.
5. (R5) All patients allocated to allogenic transplant up to 35 years will receive standard conditioning (Cyclophosphamide/TBI) with stem cells obtained from peripheral blood or bone marrow as course 3. For patients 36-50 investigators may choose a conventional transplant or a non-ablative transplant. Patients over 50 years will receive a non-ablative transplant. The non-ablative transplant will be given as course 4, ie patients will receive MACE as course 3 before proceeding to transplant.
7. Patients who relapse at any point in the trial will be entered into the MRC AML HR Trial.

Intervention Type
Other

Phase
Not Specified

Primary outcome measure
The main endpoints for each comparison will be:
1. Complete remission (CR) achievement and reasons for failure (for induction questions)
2. Duration of remission, relapse rates and deaths in first CR

3. Overall survival
4. Toxicity, both haematological and non-haematological, and quality of life
5. Supportive care requirements (and other aspects of health economics)

Secondary outcome measures
Not provided at time of registration

Overall study start date
01/03/2002

Completion date
01/06/2008

Eligibility

Key inclusion criteria
1. Any form of de novo or secondary AML
2. Suitable for intensive chemotherapy
3. Under 60 years
4. Written consent

Participant type(s)
Patient

Age group
Not Specified

Sex
Not Specified

Target number of participants
3000

Key exclusion criteria
1. Previous chemotherapy for AML
2. Blast transferration of CML
3. Pregnant or lactating
4. Abnormal liver function tests for Mylotarg randomisations

Date of first enrolment
01/03/2002

Date of final enrolment
01/06/2008

Locations

Countries of recruitment
United Kingdom

Wales

Study participating centre
Department of Haematology
Cardiff
United Kingdom
CF14 4XN

Sponsor information

Organisation
Cardiff University (UK)

Sponsor details
-
Cardiff
Wales
United Kingdom
CF10 3XQ
+44 (0)29 2087 4000
abc@email.com

Sponsor type
University/education

ROR
https://ror.org/03kk7td41

Funder(s)

Funder type
Research council

Funder Name
Medical Research Council (MRC) (UK)

Alternative Name(s)
Medical Research Council (United Kingdom), UK Medical Research Council, MRC

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 of a feasibility study	15/12/2003		Yes	No
Results article	results	04/02/2010		Yes	No
Other publications	pooled analysis of prognostic significance of rare recurring chromosomal abnormalities	22/07/2010		Yes	No
Results article	results	04/10/2012		Yes	No
Results article	results	01/04/2013		Yes	No
Results article	results	20/09/2013		Yes	No
Results article	results	10/07/2014		Yes	No
Results article	results	01/01/2018	25/07/2019	Yes	No
Plain English results		23/08/2013	29/10/2021	No	Yes
Plain English results			24/03/2022	No	Yes