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

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

## Contact information

**Type(s)**
Scientific

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## Additional identifiers

**Clinical Trials Information System (CTIS)**
2005-001149-40

**Protocol serial number**
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

## Study type(s)
Not Specified

### 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(s)
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)

### Key secondary outcome(s))
Not provided at time of registration

### 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

### Healthy volunteers allowed
No

### Age group
Not Specified

### Sex
Not Specified

### 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
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CF14 4XN

## Sponsor information

### Organisation

Cardiff University (UK)

**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, Medical Research Committee and Advisory Council, MRC

**Funding Body Type**
Government organisation

**Funding Body Subtype**
National government

**Location**
United Kingdom

# Results and Publications

**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 |
| Results article | results | 04/10/2012 | | Yes | No |
| Results article | results | 01/04/2013 | | Yes | No |
| | results | 20/09 | | | |

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|---|---|---|---|---|---|
| Results article | | /2013 | | Yes | No |
| Results article | results | 10/07 /2014 | | Yes | No |
| Results article | results | 01/01 /2018 | 25/07 /2019 | Yes | No |
| Other publications | pooled analysis of prognostic significance of rare recurring chromosomal abnormalities | 22/07 /2010 | | Yes | No |
| Plain English results | | 23/08 /2013 | 29/10 /2021 | No | Yes |
| Plain English results | | | 24/03 /2022 | No | Yes |
| Study website | Study website | 11/11 /2025 | 11/11 /2025 | No | Yes |