

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

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<b>Registration date</b> 02/05/2001	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 24/03/2022	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## 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

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### Contact details

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## 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-meloablative 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 monitored 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 courses 1 and 2 with H-Dat (Daunorubicin: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 allogeneic 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

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