

A randomized phase III study in previously untreated patients with biological high-risk CLL: fludarabine and cyclophosphamide (FC) versus FC and low-dose alemtuzumab

Submission date 14/02/2006	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 14/02/2006	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
Last Edited 14/02/2008	Condition category Cancer	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

Prof M.H.J. Oers, van

Contact details

Academic Medical Center
Department of Hematologie
P.O. Box 22660
Amsterdam
Netherlands
1100 DD
+31 (0)20 5665785
m.h.vanoers@amc.uva.nl

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

HO68

Study information

Scientific Title

Acronym

HOVON 68 CLL

Study objectives

The hypothesis to be tested is that the outcome in arm B is better than in arm A.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Study design

Prospective, multicenter, randomized controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Health condition(s) or problem(s) studied

Chronic Lymphocytic Leukemia (CLL)

Interventions

All eligible patients will be randomized on entry between:

Arm A: 6 cycles of oral FC

Arm B: 6 cycles of oral FC combined with sc alemtuzumab

Intervention Type

Drug

Phase

Phase III

Drug/device/biological/vaccine name(s)

Fludarabine and cyclophosphamide (FC) and low-dose alemtuzumab

Primary outcome measure

Progression free survival (i.e. time from registration to disease progression, relapse or death due to CLL whichever occurs first)

Secondary outcome measures

1. Event free survival (i.e. time from registration to induction failure, progression, relapse or death whichever occurs first); the time to failure of patients with induction failure is set at one day
2. Clinical, flow cytometric and molecular response rate
3. Overall survival
4. Disease free survival (i.e. time from CR to relapse)
5. Toxicity

Overall study start date

05/12/2005

Completion date

31/12/2008

Eligibility

Key inclusion criteria

1. Biological high-risk CLL
2. Patients with symptomatic stage A, symptomatic stage B or stage C
3. Age 18-75 years inclusive
4. Written informed consent

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Upper age limit

75 Years

Sex

Both

Target number of participants

300

Key exclusion criteria

1. WHO performance status ≥ 3 , unless related to CLL
2. Intolerance of exogenous protein administration
3. Severe cardiac dysfunction (New York Heart Association [NYHA] classification III-IV)
4. Significant renal dysfunction (serum creatinine ≥ 150 micromol/l or creatinine clearance <30 ml/min)
5. Significant hepatic dysfunction (total bilirubin or transaminases >2 times upper limit of normal [ULN]), unless related to CLL
6. Suspected or documented central nervous system (CNS) involvement by CLL
7. Known HIV positivity
8. Active, uncontrolled infections
9. Uncontrolled asthma or allergy requiring systemic steroid treatment
10. Previously treated with chemotherapy, radiotherapy or immunotherapy for CLL
11. History of active cancer during the past 5 years, except non-melanoma skin cancer or stage 0 cervical carcinoma
12. Clinically significant auto-immune hemolytic anemia (AIHA)
13. Female patients who are pregnant or nursing
14. Male and female patients of reproductive potential who are not practicing effective means of contraception, these include oral contraceptives, intrauterine device, depot injection of gestagen, subdermal implantation, hormonal vaginal ring and transdermal depot plaster. These methods must be applied for the entire protocol treatment period, and for patients treated with alemtuzumab until at least 6 months after the end of alemtuzumab administration.

Date of first enrolment

05/12/2005

Date of final enrolment

31/12/2008

Locations

Countries of recruitment

Netherlands

Study participating centre

Academic Medical Center

Amsterdam

Netherlands

1100 DD

Sponsor information

Organisation

Rigshospitalet (Denmark)

Sponsor details

Department of Hematology
Copenhagen
Denmark
DK-2100

Sponsor type

Hospital/treatment centre

ROR

<https://ror.org/03mchdq19>

Funder(s)

Funder type

Industry

Funder Name

Dutch Cancer Society and Schering AG (Netherlands)

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration