

A randomised, multi-centre trial to assess the feasibility of conducting a future phase III randomised trial in primary amyloidosis, comparing cyclophosphamide, thalidomide and dexamethasone with stem cell transplantation in patients with low risk of treatment related mortality and cyclophosphamide, thalidomide and dexamethasone with Mel-Dex in patients with high risk of treatment related mortality

Submission date 27/11/2006	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 26/01/2007	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
Last Edited 10/07/2017	Condition category Nutritional, Metabolic, Endocrine	<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

Dr Julian Gillmore

Contact details

National Amyloidosis Centre
Royal Free & University College Medical School
Royal Free Hospital
London
United Kingdom
NW3 2PF

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

BRD/06/055

Study information

Scientific Title

A randomised, multi-centre trial to assess the feasibility of conducting a future phase III randomised trial in primary amyloidosis, comparing cyclophosphamide, thalidomide and dexamethasone with stem cell transplantation in patients with low risk of treatment related mortality and cyclophosphamide, thalidomide and dexamethasone with Mel-Dex in patients with high risk of treatment related mortality

Acronym

UKATT

Study objectives

This trial is intended to test the feasibility of a phase III study to address issues in patients with newly diagnosed primary (AL) amyloidosis at all stages of disease. The aim is to compare different chemotherapeutic regimens as an initial therapy with respect to rate of clonal response, safety and treatment related mortality and organ response.

In addition, quality of life before and after chemotherapy will be investigated to assess the validity of the European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ C30) and Multiple Myeloma (MY20) questionnaire in this patient population.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration – pending

Study design

Randomised multi-centre feasibility study

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

AL amyloidosis

Interventions

Patients will enter one of two treatment pathways (high or low intensity) on the basis of their disease and will be randomised within each pathway to one of two chemotherapy regimens on a 1:1 basis.

Patients entering the high intensity pathway will be randomised to Stem Cell Transplantation (SCT) or Cyclophosphamide, Thalidomide, Dexamethasone (CTD) and those randomised to the low intensity pathway will be randomised to receive either CTD or Melphalan and Dexamethasone (Mel Dex).

Intervention Type

Drug

Phase

Phase III

Drug/device/biological/vaccine name(s)

Cyclophosphamide, thalidomide, dexamethasone, melphalan

Primary outcome measure

1. Clonal response
2. Toxicity and safety (including treatment-related mortality)
3. Recruitment rate and feasibility

Secondary outcome measures

1. Acceptability of randomisations in each pathway
2. Quality of life questionnaire validity
3. Amyloidotic organ function

Overall study start date

31/01/2007

Completion date

31/01/2008

Eligibility

Key inclusion criteria

1. Aged 18 years or greater
2. Newly diagnosed as having systemic AL amyloidosis who have:
 - 2.1. Diagnostic Congo red histology confirming amyloid deposits
 - 2.2. Immunohistochemical exclusion of Systemic (AA) and Transthyretin (TTR) amyloidosis
 - 2.3. Exclusion of genetic mutations associated with hereditary amyloidosis whenever doubt about the diagnosis exists, according to Network Advisory Committee (NAC) current practice
 - 2.4. Underlying plasma cell dyscrasia that can be identified and monitored by Freelite serum free light chain assay as follows: absolute serum free light chain concentration more than or equal to 100 mg/l associated with an abnormal kappa/lambda ratio
 - 2.5. Amyloid-related organ dysfunction or organ syndrome
3. Capable of providing written, informed consent
4. Estimated life expectancy of at least six months
5. Prepared to use contraception in accordance with (and consent to) the Pharmion Risk Management Programme
6. Women of Child-Bearing Potential (WCBP) must agree to use TWO methods of contraception beginning two weeks prior to the start of thalidomide, while on thalidomide and four weeks after the last dose of thalidomide. The two methods of contraception must include one highly effective method and one additional effective (barrier) method, as outlined in the Pharmion Risk Management Programme
7. Male patients (including those who have had a vasectomy) must use condoms when engaging in heterosexual activity with WCBP while on thalidomide and four weeks after the last dose of thalidomide, as outlined in the Pharmion Risk Management Programme

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

48

Key exclusion criteria

1. Overt symptomatic multiple myeloma
2. Bone marrow plasmacytosis more than 10%
3. Underlying Immunoglobulin M (IgM) paraproteinaemia
4. Amyloidosis of unknown or non AL type
5. Localised AL amyloidosis (in which amyloid deposits are limited to a typical single organ, for example the bladder or larynx, in association with a clonal proliferative disorder within that organ)
6. Trivial or incidental AL amyloid deposits in the absence of a significant amyloid related organ

syndrome (e.g., isolated carpal tunnel syndrome)

7. Isolated soft tissue involvement

8. Severe peripheral neuropathy causing significant functional impairment

9. New York Heart Association (NYHA) class IV heart failure

10. Liver involvement by amyloid causing bilirubin more than 1.5 times upper limit of normal

11. Previous treatment for systemic AL amyloidosis

12. Previous or concurrent active malignancies, except surgically removed basal cell carcinoma of the skin or other in situ carcinomas

13. Pregnant, lactating or unwilling to use adequate contraception

14. Intolerance/sensitivity to any of the study drugs

Date of first enrolment

31/01/2007

Date of final enrolment

31/01/2008

Locations

Countries of recruitment

England

United Kingdom

Study participating centre

National Amyloidosis Centre

London

United Kingdom

NW3 2PF

Sponsor information

Organisation

University College London (UK)

Sponsor details

Joint UCLH and UCL Biomedical Research Unit

Ground Floor

Rosenheim Wing

25 Grafton Way

London

England

United Kingdom

WC1E 5DB

+44 (0)845 155 5000

y.enever@medsch.ucl.ac.uk

Sponsor type

University/education

Website

<http://www.ucl.ac.uk/biomed-r-d>

ROR

<https://ror.org/02jx3x895>

Funder(s)**Funder type**

Research organisation

Funder Name

Clinical Trials Advisory and Awards Committee (CTAAC) (UK) (ref: C23723/A7726)

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