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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

Registration date
26/01/2007

Last Edited
10/07/2017

Recruitment status
No longer recruiting

Overall study status
Completed

Condition category
Nutritional, Metabolic, Endocrine

[X] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[_] Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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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
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Sponsor information

Organisation
University College London (UK)

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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