

Adjunctive use of azacitidine in patients with acute myeloid leukaemia (AML) or myelodysplasia (MDS) undergoing a reduced intensity conditioned allogeneic transplant

Submission date 13/02/2008	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 20/03/2008	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 04/04/2022	Condition category Cancer	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

<http://www.cancerhelp.org.uk/trials/a-study-looking-new-chemotherapy-after-transplant-for-acute-myeloid-leukaemia-ricaza>

Contact information

Type(s)

Scientific

Contact name

Prof Charles Craddock

Contact details

Centre for Clinical Haematology
Queen Elizabeth Hospital
Edgbaston
Birmingham
United Kingdom
B15 2TH
+44 (0)121 627 5824
charles.craddock@uhb.nhs.uk

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

RG 07-187

Study information

Scientific Title

Phase II study of the adjunctive use of azacitidine in patients undergoing reduced intensity allogeneic transplantation in acute myeloid leukaemia and myelodysplasia

Acronym

RICAZA

Study objectives

Disease relapse is the major cause of treatment failure after allogeneic transplantation using reduced intensity conditioning (RIC) regimens in patients with acute myeloid leukaemia (AML) or myelodysplasia (MDS) and therefore strategies which reduce the risk of disease relapse are required. Although there has been interest in the use of prophylactic donor lymphocyte infusions (DLI) to reduce the risk of relapse, their use is associated with a significant risk of severe graft-versus-host disease (GVHD) when administered early post-transplant. Azacitidine has potent activity against malignant myeloid progenitors and this study aims to examine whether its administration post-transplant can modify the kinetics of disease relapse after a RIC allograft for AML or MDS thereby postponing or eliminating the requirement for DLI.

Ethics approval required

Old ethics approval format

Ethics approval(s)

West Midlands Research Ethics Committee on 24/04/2008 (ref: 08/H1208/4)

Study design

Phase II, multicentre, single arm, open-label, non-randomised study

Primary study design

Interventional

Secondary study design

Non randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied

Acute myeloid leukaemia (AML) or myelodysplasia (MDS)

Interventions

All participants will receive azacitidine administered six weeks after undergoing reduced intensity conditioned allogeneic transplantation. Azacitidine will be administered subcutaneously for 5 days for 10 cycles (each cycle being 28 days) at a dose of 36 mg/m².

Total duration of trial treatment: 11 months; follow up period: 24 months.

Intervention Type

Drug

Phase

Phase II

Drug/device/biological/vaccine name(s)

Azacitidine

Primary outcome measure

Safety of azacitidine treatment. Adverse events and therapy-related side effects will be monitored continuously during azacitidine treatment and until 28 days after the last dose.

Secondary outcome measures

1. Relapse rate, assessed at 12 months post-transplant
2. Survival, assessed annually until 3 years post-transplant

Overall study start date

01/06/2008

Completion date

31/05/2011

Eligibility**Key inclusion criteria**

1. Patients (male and female) between the age of 18 - 65 years in whom allogeneic transplantation using a myeloablative conditioning regimen is contra-indicated
2. Patients who fulfill the World Health Organization (WHO) criteria for AML or MDS
3. Patients with a human leukocyte antigen (HLA) identical sibling or suitable matched unrelated donor
4. Must give written informed consent and be able to comply with the protocol for the duration of the study

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

40 patients

Total final enrolment

37

Key exclusion criteria

1. Patients with contra-indications to receiving fludarabine or azacitidine
2. Pregnant or lactating women or adults of reproductive potential not willing to use appropriate medically approved contraception during the trial and for 12 months post-azacitidine
3. Any co-morbidity that in the investigators opinion will affect the patients participation in this study

Date of first enrolment

01/06/2008

Date of final enrolment

31/05/2011

Locations**Countries of recruitment**

England

United Kingdom

Study participating centre

Centre for Clinical Haematology

Birmingham

United Kingdom

B15 2TH

Sponsor information**Organisation**

University of Birmingham (UK)

Sponsor details

Research and Commercial Services
Edgbaston
Birmingham
England
United Kingdom
B15 2TT

Sponsor type

University/education

Website

<http://www.rcs.bham.ac.uk>

ROR

<https://ror.org/03angcq70>

Funder(s)

Funder type

Industry

Funder Name

Pharmion (UK)

Funder Name

University of Birmingham (UK)

Alternative Name(s)

Funding Body Type

Private sector organisation

Funding Body Subtype

Universities (academic only)

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?
Results article	results	05/04/2012		Yes	No
Plain English results			04/04/2022	No	Yes