

Phase II trial of alemtuzumab, dexamethasone and lenalidomide followed by randomisation to lenalidomide maintenance versus no further treatment for high-risk CLL NCRI CLL210)

Submission date 10/08/2011	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 10/08/2011	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

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/trial-looking-at-treatment-for-high-risk-chronic-lymphocytic-leukaemia-CLL-210>

Study website

<http://www.LCTU.org.uk/CLL210>

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

EudraCT/CTIS number

2010-019575-29

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

9888

Study information

Scientific Title

Phase II trial of alemtuzumab, dexamethasone and lenalidomide followed by randomisation to lenalidomide maintenance versus no further treatment for high-risk CLL (NCRI CLL210)

Acronym

CLL210 (CamDexRev)

Study objectives

All patients will receive induction therapy for 24 weeks with alemtuzumab, dexamethasone and lenalidomide (CamDexRev). Patients with stable or progressive disease (SD/PD) will receive no further trial treatment and will be managed at the discretion of local investigator. Patients who achieve a CR or PR may elect to have an allogeneic stem-cell transplant. Those responders who decide not to have a transplant will be randomised between continuing lenalidomide until disease progression or receiving no further trial treatment.

Objectives:

Primary: CR rate after 6 months of induction therapy

Progression-free rate after 2 years of maintenance therapy, defined as the proportion of patients who are progression free and alive at 2 years

Secondary

Overall, complete and partial response rates following induction therapy

Minimal residual disease (MRD) negativity rate following induction therapy

Overall survival (time from start of study treatment to death)

Progression-free survival (time from initiation of study treatment to progression or death)

Time to treatment failure (time from initiation of study treatment to treatment failure defined as progression, death or initiation of alternative treatment due to failure to achieve CR or PR)

Duration of response (time from first achievement of CR or PR to first time of progression or death)

Toxicity

Quality of life

Descriptive summary of Progression-free and overall survival among transplant-eligible patients

These will be estimated separately for the induction and the randomised phases of the study.

Ethics approval required

Old ethics approval format

Ethics approval(s)

ref: 11/H1005/10

Study design

Both; Interventional; Design type: Treatment

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

GP practice

Study type(s)

Treatment

Participant information sheet**Health condition(s) or problem(s) studied**

Leukaemia

Interventions

Induction phase: Alemtuzumab, Subcutaneous, 30mg od on days 1, 3 and 5 of weeks 7-22

Induction phase: dexamethasone, Taken orally, 40mg od, day 1-4 of weeks 1, 3, 5, 7, 9, 11, 13 and 15.

Induction phase: Lenalidomide, Taken orally, 5mg od, days 1-7 on weeks 3-4 and 10mg od, days 1-7 of weeks 5-24.;

Induction phase: Lenograstim, Subcutaneous, 263µg od, days 1, 3 and 5 on weeks 5-8 plus whenever neutrophils $<1.0 \times 10^9/l$;

Maintenance: Lenalidomide, 10mg, od until disease progression; Follow Up Length: 30 month(s);

Study Entry : Registration and One or More Randomisations

Intervention Type

Drug

Phase

Phase II

Drug/device/biological/vaccine name(s)

Alemtuzumab, dexamethasone, lenalidomide

Primary outcome measure

1. Complete response (CR)
2. Complete response with incomplete blood count recovery (CRi) rate after 6 months

Secondary outcome measures

1. Progression-free rate after 2 years of maintenance therapy, defined as the proportion of patients
2. Toxicity
3. Cumulative dose of individual drugs administered
4. Overall, complete and partial response rates
5. Minimum Residual Disease (MRD) negativity rate
6. MRD-negative CR rate
7. Overall survival
8. Progression-free survival (progression or death)

- 9. Event-free survival (progression, death or further induction treatment)
- 10. Response duration
- 11. Quality of life

Overall study start date

01/09/2011

Completion date

01/03/2014

Eligibility

Key inclusion criteria

- 1. CLL/SLL requiring treatment by IWCLL 2008 criteria
- 2. At least one of the following criteria should be met:
 - 2.1. Evidence of progressive marrow failure as manifested by the development of, or worsening of, anaemia and/or thrombocytopenia
 - 2.2. Massive (i.e. at least 6cm below the left costal margin) or progressive or symptomatic splenomegaly
 - 2.3. Massive (i.e. at least 10cm in longest diameter) or progressive or symptomatic lymphadenopathy
 - 2.4. Progressive lymphocytosis with an increase of more than 50% over a 2-month period or lymphocyte doubling time (LDT) of less than 6 months from a baseline value of at least $30 \times 10^9/l$ and not due to causes other than CLL.
 - 2.5. Constitutional symptoms defined as at least 10% unintentional weight loss within the previous 6 months, significant fatigue preventing usual activities, or fever of at least $38^{\circ}C$ for at least 2 weeks or night sweats for at least one month in the absence of infection
- 3. High risk CLL/SLL defined by at least one of the following criteria:
 - 3.1. TP53 deletion or mutation affecting at least 20% of CLL cells
 - 3.2. Resistant (SD/PD) to fludarabine-containing combination therapy
 - 3.3. Relapse within 12 months of responding to fludarabine-containing combination therapy
 - 3.4. No prior treatment with alemtuzumab or lenalidomide
- 4. CLL not known to be resistant to glucocorticoids
- 5. No more than 3 previous treatment episodes for CLL
- 6. WHO performance status 0-2
- 7. Aged at least 18 years
- 8. Written informed consent
- 9. Male and female participants
- 10. Lower age limit 18 years, no age limit

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

Planned Sample Size: 85; UK Sample Size: 85

Total final enrolment

64

Key exclusion criteria

1. Neutrophil count less than $0.5 \times 10^9/l$ or platelet count less than $25 \times 10^9/l$
2. Uncontrolled auto-immune haemolytic anaemia or thrombocytopenia
3. Active infection
4. Active gastritis or peptic ulcer disease
5. Uncontrolled diabetes mellitus or hypertension
6. History of recurrent thromboembolism
7. Seropositivity for HIV, HCV or HBV (surface antigen or core antibody)
8. Renal impairment (creatinine clearance less than 30ml/min)
9. Hepatic impairment (serum bilirubin more than twice the upper limit of normal unless due to Gilbert's syndrome or CLL)
10. Concurrent treatment with glucocorticoids equivalent to more than prednisolone 20mg
11. Presence or history of CNS disease (either CNS lymphoma or leukaemic meningitis)
12. History of Richter transformation
13. Allergy to rat proteins
14. Concomitant malignancies except adequately treated localised non-melanoma skin cancer and cancers that have been in remission for at least 5 years
15. Major surgery within 28 days prior to registration
16. Any serious underlying medical or psychological conditions, which could impair the ability of the patient to participate in the trial or compromise ability to give informed consent
17. Treatment within a clinical trial within 30 days prior to trial entry
18. Adult patient under tutelage (not competent to sign informed consent)
19. Pregnant or lactating women
20. All men or women of reproductive potential, unless using at least two contraceptive precautions, one of which must be a condom
21. Women taking the oral contraceptive pill within 4 weeks of study registration owing to an increased risk of thromboembolism

Date of first enrolment

01/09/2011

Date of final enrolment

01/03/2014

Locations**Countries of recruitment**

England

United Kingdom

Study participating centre

Cancer Research UK Liverpool Cancer Trials Unit
Liverpool
United Kingdom
L3 9TA

Sponsor information

Organisation

University of Liverpool (UK)

Sponsor details

Cancer Research UK
Liverpool Cancer Trials Unit
200 London Road
Liverpool
England
United Kingdom
L3 9TA

Sponsor type

University/education

Website

<http://www.liv.ac.uk/>

ROR

<https://ror.org/04xs57h96>

Funder(s)

Funder type

Industry

Funder Name

Celgene International

Funder Name

Chugai Pharma (UK)

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?
Abstract results	results	11/04/2017		No	No
Results article	results	01/12/2020	17/02/2020	Yes	No
Plain English results			04/04/2022	No	Yes
HRA research summary			28/06/2023	No	No