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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

Registration date
10/08/2011

Overall study status
Completed

Last Edited
04/04/2022

Condition category
Cancer

[X] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] 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

Contact information

Type(s)
Scientific

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Additional identifiers

Clinical Trials Information System (CTIS)
2010-019575-29

Protocol serial number
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

Study type(s)
Treatment

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 <1.0x10^9/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(s)
1. Complete response (CR)
2. Complete response with incomplete blood count recovery (CRi) rate after 6 months

Key secondary outcome(s))
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

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 30x109/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°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

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 years

Sex
All

Total final enrolment
64

Key exclusion criteria
1. Neutrophil count less than 0.5x109/l or platelet count less than 25x109/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
United Kingdom

England

Study participating centre
Cancer Research UK Liverpool Cancer Trials Unit
Liverpool
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L3 9TA

Sponsor information

Organisation
University of Liverpool (UK)

ROR
https://ror.org/04xs57h96

Funder(s)

Funder type
Industry

Funder Name
Celgene International

Funder Name
Chugai Pharma (UK)

Results and Publications

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		01/12/2020	17/02/2020	Yes	No
Abstract results		11/04/2017		No	No
HRA research summary			28/06/2023	No	No
Plain English results			04/04/2022	No	Yes
Study website		11/11/2025	11/11/2025	No	Yes