

CLL6 (Roche): a randomised, phase II trial of fludarabine, cyclophosphamide and rituximab (FCR) with or without mitoxantrone in previously untreated chronic lymphocytic leukaemia

Submission date 17/06/2008	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 02/10/2008	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 27/07/2022	Condition category Cancer	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

<http://www.cancerhelp.org.uk/trials/trials-search/a-trial-looking-at-treatment-for-people-with-newly-diagnosed-chronic-lymphocytic-leukaemia>

Contact information

Type(s)

Scientific

Contact name

Prof Peter Hillmen

Contact details

Department of Haematology
Level 3, Bexley Wing
St. James's University Hospital
Beckett Street
Leeds
United Kingdom
LS9 7TF
+44 (0)113 206 8513
peter.hillmen@nhs.net

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

HM08/8625

Study information

Scientific Title

CLL6 (Roche): a randomised, phase II trial of fludarabine, cyclophosphamide and rituximab (FCR) with or without mitoxantrone in previously untreated chronic lymphocytic leukaemia

Acronym

CLL6 (Roche)

Study objectives

The trial is intended to compare the complete remission rates of fludarabine, cyclophosphamide and rituximab (FCR) with or without mitoxantrone (M) in patients with previously untreated chronic lymphocytic leukaemia.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Leeds (West) Research Ethics Committee, 09/02/2009, ref: 08/H1307/135

Study design

Phase II multi-centre randomised controlled open parallel-group trial

Primary study design

Interventional

Secondary study design

Randomised parallel 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

Chronic lymphocytic leukaemia (CLL)

Interventions

This trial aims to recruit 218 patients over 18 months. Patients will be randomised to receive six cycles of either FCR or FCM-R. Cycles of FCR and FCM-R are reported every 28 days for a total of six courses. Each cycle is repeated every 28 days. However treatment is administered during each cycle as per the following schedule:

Patients randomised to receive fludarabine, cyclophosphamide and rituximab (FCR) will receive:

Fludarabine (oral): 24 mg/m²/day on days 1 to 5

Cyclophosphamide (oral): 150 mg/m²/day on days 1 to 5

Rituximab (IV): 375 mg/m² on day 1 (cycle 1)

Rituximab (IV): 500 mg/m² on day 1 (cycle 2 to 6)

Patients randomised to receive fludarabine, cyclophosphamide, rituximab and mitoxantrone (FCM-R) will receive:

Fludarabine (oral): 24 mg/m²/day on days 1 to 5

Cyclophosphamide (oral): 150 mg/m²/day on days 1 to 5

Rituximab (IV): 375 mg/m² on day 1 (cycle 1)

Rituximab (IV): 500 mg/m² on day 1 (cycle 2 to 6)

Mitoxantrone (IV): 6 mg/m²/day on day 1

Intervention Type

Drug

Phase

Phase II

Drug/device/biological/vaccine name(s)

Fludarabine, cyclophosphamide, rituximab, mitoxantrone

Primary outcome measure

Proportion of patients achieving a complete response (CR) at three months post end-of-treatment as specified by the IWCLL criteria

Secondary outcome measures

1. Proportion of patients with undetectable minimal residual disease, measured at three months post-end-of-treatment
2. Overall response rate defined as complete or partial remission by the IWCLL criteria, measured at three months post-end-of-treatment
3. Progression free survival at two years
4. Overall survival at two years
5. Safety and toxicity, measured at two years after randomisation

Overall study start date

01/01/2009

Completion date

01/07/2012

Eligibility

Key inclusion criteria

1. Both males and females, at least 18 years old
2. B-cell chronic lymphocytic leukaemia (B-CLL) with a characteristic immunophenotype
3. Binet's Stages B, C or Progressive A
4. Requirement for therapy as defined by the International Workshop on Chronic Lymphocytic Leukemia (IWCLL) criteria (must meet one of the following criteria: evidence of progressive marrow failure as manifested by the development of, or worsening of, anaemia and/or thrombocytopenia)
5. Massive (i.e. 6 cm below the left costal margin) or progressive or symptomatic splenomegaly
6. Massive nodes (i.e. 10 cm in longest diameter) or progressive or symptomatic lymphadenopathy
7. Progressive lymphocytosis with an increase of more than 50% over a 2-month period or lymphocyte doubling time (LDT) of less than 6 months as long as the lymphocyte count is over $30 \times 10^9/L$
8. A minimum of any one of the following disease-related symptoms must be present:
 - 8.1. Unintentional weight loss more than or equal to 10% within the previous 6 months
 - 8.2. Significant fatigue (i.e. Eastern Cooperative Oncology Group performance status 2 or worse; cannot work or unable to perform usual activities)
 - 8.4. Fevers of greater than $38^{\circ}C$ for two or more weeks without other evidence of infection
 - 8.5. Night sweats for more than one month without evidence of infection
9. No prior therapy for CLL
10. Able to provide written informed consent

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

218

Total final enrolment

215

Key exclusion criteria

1. Prior therapy for CLL
2. Active infection
3. Past history of anaphylaxis following exposure to rat or mouse derived complementarity-determining regions (CDR)-grafted humanised monoclonal antibodies
4. Pregnancy, lactation or women of child bearing potential unwilling to use medically approved contraception whilst receiving treatment
5. Men whose partners are capable of having children but who are not willing to use appropriate medically approved contraception during the study, unless they are surgically sterile
6. Central nervous system (CNS) involvement with CLL
7. Mantle cell lymphoma

8. Other severe, concurrent disease or mental disorders
9. Known human immunodeficiency virus (HIV) positive
10. Patient has active or prior hepatitis B or C
11. Active secondary malignancy excluding basal cell lymphoma
12. Persisting severe pancytopenia (neutrophils less than $0.5 \times 10^9/L$ or platelets less than $50 \times 10^9/L$), transfusion dependent anaemia and active haemolysis
13. Patients with a creatinine clearance of less than 30 ml/min (either measured or derived by the Cockcroft formula)

Date of first enrolment

01/06/2009

Date of final enrolment

30/03/2012

Locations

Countries of recruitment

England

Ireland

United Kingdom

Study participating centre

St. James's University Hospital

Leeds

United Kingdom

LS9 7TF

Sponsor information

Organisation

Leeds Teaching Hospitals NHS Trust (UK)

Sponsor details

Research & Development

Floor A/B - Old Site

Leeds General Infirmary

Great George Street

Leeds

England

United Kingdom

LS1 3EX

+44 (0)113 392 6473

derek.norfolk@leedsth.nhs.uk

Sponsor type

Hospital/treatment centre

Website

<http://www.leedsteachinghospitals.com>

ROR

<https://ror.org/00v4dac24>

Funder(s)

Funder type

Industry

Funder Name

Roche

Alternative Name(s)

F. Hoffmann-La Roche Ltd, F. Hoffmann-La Roche & Co, F. Hoffmann-La Roche AG, Roche Holding AG, Roche Holding Ltd, Roche Holding, Roche Holding A.G., Roche Holding, Limited, F. Hoffmann-La Roche & Co.

Funding Body Type

Government organisation

Funding Body Subtype

For-profit companies (industry)

Location

Switzerland

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	01/10/2017		Yes	No
Plain English results			27/07/2022	No	Yes
HRA research summary			28/06/2023	No	No