

# A trial of CHOP-R therapy, with or without acalabrutinib, in patients with newly diagnosed Richter's Syndrome

<b>Submission date</b> 18/02/2019	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 04/03/2019	<b>Overall study status</b> Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 14/05/2024	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-of-r-chop-and-acalabrutinib-for-people-with-richters-syndrome-stellar>

## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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## Additional identifiers

Clinical Trials Information System (CTIS)

2017-004401-40

[ClinicalTrials.gov \(NCT\)](https://clinicaltrials.gov/ct2/show/study/NCT03544401)

NCT03899337

**Protocol serial number**  
38923

## Study information

### Scientific Title

STELLAR: A phase II, randomised study of CHOP-R in combination with acalabrutinib compared to CHOP-R in patients with newly diagnosed Richter's Syndrome (RS) and a platform for initial investigations into activity of novel treatments in relapsed/refractory and newly diagnosed RS

### Acronym

STELLAR

### Study objectives

Adding acalabrutinib to CHOP-R treatment will improve progression-free survival rates for patients with newly diagnosed Richter's Syndrome.

### Ethics approval required

Ethics approval required

### Ethics approval(s)

approved 31/01/2019, South Central – Oxford B REC (Whitefriars, Level 3, Block B, Lewin's Mead, Bristol, BS1 2NT, United Kingdom; +44 (0)207 1048058; nrescommittee.southcentral-oxfordb@nhs.net), ref: 18/SC/0634

### Study design

Randomised; Interventional; Design type: Treatment, Drug

### Primary study design

Interventional

### Study type(s)

Treatment

### Health condition(s) or problem(s) studied

Richter syndrome

### Interventions

Participants who have Richter's Syndrome and are suitable for CHOP-R will be recruited by specialised hospitals across the UK. People with another cancer, heart problems, or recent stroke cannot take part. Participants will have a lymph node biopsy, 3-4 bone marrow biopsies, blood samples, and PET-CT and CT scans.

Randomised Trial Component:

Patients will be randomised 1:1 to either treatment with CHOP-R (Standard of Care [SoC]) or CHOP-R + acalabrutinib (Experimental). The induction treatment (CHOP-R) will continue for up to 6 cycles (each cycle is 21 days), and will be given according to the following schedule:

Rituximab, 375 mg/m<sup>2</sup>, IV infusion, OD, 6 cycles, days of cycle: 1  
Cyclophosphamide, 750 mg/m<sup>2</sup>, IV bolus, OD, 6 cycles, days of cycle: 1  
Doxorubicin, 50 mg/m<sup>2</sup>, IV bolus, OD, 6 cycles, days of cycle: 1  
Vincristine, 1.4 mg/m<sup>2</sup>, IV infusion, OD, 6 cycles, days of cycle: 1  
Prednisolone, 40 mg/m<sup>2</sup>, PO, OD, 6 cycles, days of cycle: 1-5  
Acalabrutinib, 100 mg, PO, BD, 6 cycles, continuous thereafter until disease progression toxicity, patient choice or death, days of cycle: 6-21

Patients will be followed up for 2 year survival data.

#### Single-Arm Platform Studies:

##### Cohort 1:

Patients registered to Cohort 1 will receive 100 mg acalabrutinib monotherapy, twice daily, continuously from day 1 until disease progression, toxicity, patient choice or death. Patients will be followed up for 2 year survival data.

##### Cohort 2:

Patients registered to Cohort 2 will receive CHOP-R + acalabrutinib. The induction treatment (CHOP-R) will continue for up to 6 cycles (each cycle is 21 days), and will be given according to the following schedule:

Rituximab, 375 mg/m<sup>2</sup>, IV infusion, OD, 6 cycles, days of cycle: 1  
Cyclophosphamide, 750 mg/m<sup>2</sup>, IV bolus, OD, 6 cycles, days of cycle: 1  
Doxorubicin, 50 mg/m<sup>2</sup>, IV bolus, OD, 6 cycles, days of cycle: 1  
Vincristine, 1.4 mg/m<sup>2</sup>, IV infusion, OD, 6 cycles, days of cycle: 1  
Prednisolone, 40 mg/m<sup>2</sup>, PO, OD, 6 cycles, days of cycle: 1-5  
Acalabrutinib, 100 mg, PO, BD, 6 cycles, continuous thereafter until disease progression toxicity, patient choice or death, days of cycle: 6-21

Patients will be followed up for 2 year survival data.

#### Intervention Type

Drug

#### Phase

Not Applicable

#### Drug/device/biological/vaccine name(s)

Acalabrutinib, doxorubicin, vincristine, cyclophosphamide, rituximab, prednisolone

#### Primary outcome(s)

Progression free survival (PFS); Timepoint(s): Time from randomisation to the date of progression or death from any cause.

#### Key secondary outcome(s)

1. Overall survival (OS) defined as time from date of randomisation (for randomised trial) or registration (to the relevant cohort for single-arm cohorts) to date of death from any cause
2. Overall response (randomised component only) after cycle 6, defined by the modified Cheson criteria
3. Overall response (cohorts 1 only) after 12 weeks, defined by the modified Cheson criteria

4. PFS (single-arm cohorts only) defined as the time from date of registration to date of progression or death from any cause
5. Quality of life assessed using ECOG performance status and the CLL17 and NHLHG29 questionnaires at the end of cycles 4 and 6 for participants receiving CHOP-R as part of their treatment (randomised cohorts and Cohort 2), and at 12 and 24 weeks for participants receiving acalabrutinib monotherapy (Cohort 1)
6. Toxicity defined as the number of participants who experience one or more adverse event grade 3 or higher or serious adverse event of any grade, recorded from start of treatment until 28 days after the last administration of study drug.
7. Proportion of participants proceeding to allogeneic or autologous stem cell transplantation, measured as number of patients proceeding to transplant on each treatment arm, at confirmation of partial or complete remission

**Completion date**

31/05/2026

## Eligibility

**Key inclusion criteria**

Inclusion criteria for the Randomised Trial:

1. Suitable for anthracycline-containing chemo-immunotherapy
2. Patients with CLL and newly diagnosed biopsy proven DLBCL-type RS
3. ECOG performance status of 0, 1, 2 or 3
4. Age 16 years and over
5. Signed written informed consent prior to performing any study-specific procedures

Inclusion criteria Cohort 1 (progressive RS following chemo-immunotherapy):

1. Patients with relapsed/refractory RS who received anthracycline based chemotherapy with anti-CD20 monoclonal antibody
2. ECOG performance status of 0, 1, 2 or 3
3. Age 16 years and over
4. Signed written informed consent prior to performing any study-specific procedures

Inclusion criteria Cohort 2 (anthracycline-naïve RS patients, diagnosed while on ibrutinib):

1. Ibrutinib-exposed CLL patients who have developed biopsy-proven DLBCL-type RS within four weeks of last dose of ibrutinib
2. No previous anthracycline treatment and suitable for anthracycline-containing chemo-immunotherapy
3. Patients with CLL and newly diagnosed biopsy proven DLBCL-type RS
4. ECOG performance status of 0, 1, 2 or 3
5. Age 16 years and over
6. Signed written informed consent prior to performing any study-specific procedures

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

## **Lower age limit**

16 years

## **Sex**

All

## **Key exclusion criteria**

Exclusion criteria ALL:

1. Known central nervous system (CNS) involvement of CLL or DLBCL
2. Any other active malignancy that requires active treatment, with the exception of basal cell carcinoma, in-situ cervical cancer, and non-invasive squamous cell carcinoma of the skin
3. Chronic or ongoing active infectious disease
4. Positive serology for Hepatitis B (HBV) or known human immunodeficiency virus (HIV) positive
5. Patients with active bleeding or history of bleeding diathesis (e.g. haemophilia, von Willebrand disease)
6. Patients receiving therapeutic anticoagulation with warfarin or equivalent (e.g. phenprocoumon)
7. Uncorrected prolonged prothrombin time (PT) or an activated partial thromboplastin time (APTT) > 2 x the upper limit of normal (ULN)
8. Major surgery within 30 days prior to randomisation and/or inadequate recovery from any prior major surgery, toxicity or complications
9. Patients with malabsorption syndrome or medical conditions significantly affecting gastrointestinal function
10. Clinically significant cardiac disease including unstable angina, uncontrolled congestive heart failure, and unstable arrhythmias requiring therapy, with the exception of extra systoles or minor conduction abnormalities
11. Significant concurrent, uncontrolled severe medical condition including, but not limited to, renal, hepatic, haematological, gastrointestinal, endocrine, pulmonary, neurological, cerebral or psychiatric disease
12. History of significant cerebrovascular disease in the 6 months prior to randomisation, including intracranial haemorrhage
13. Known or suspected hypersensitivity to components of the investigational products
14. Patients who have received treatment with any non-marketed drug substance or experimental therapy within 4 weeks prior to proposed start of treatment
15. Current participation in any other interventional clinical study
16. Patients known or suspected of not being able to comply with a study
17. Breastfeeding women or women with a positive pregnancy test at screening
18. Women of childbearing potential and men not willing to use adequate contraception during study and for 3 months after last dose of study therapy

Additional exclusion criteria for the Randomised Trial:

1. Prior therapy with CHOP or any anthracycline containing treatment at any time prior to randomisation
2. Ibrutinib-exposed CLL patients who have been newly diagnosed with RS within four weeks of their last dose of ibrutinib. (Ibrutinib-exposed CLL patients who discontinue ibrutinib due to toxicity or progressive CLL and later (more than four weeks) develop RS are not excluded from the randomised trial component)
3. Previous acalabrutinib exposure

Additional exclusion criteria for Cohort 1 (progressive RS following chemo-immunotherapy):

1. Previous acalabrutinib exposure

Additional exclusion criteria for Cohort 2 (anthracycline-naïve RS patients, diagnosed while on ibrutinib):

1. Prior therapy with CHOP or any anthracycline containing treatment at any time prior to randomisation
2. Previous acalabrutinib exposure

**Date of first enrolment**

31/03/2019

**Date of final enrolment**

31/05/2025

## **Locations**

**Countries of recruitment**

United Kingdom

England

Northern Ireland

Scotland

Wales

**Study participating centre**

**Churchill Hospital**

Old Road

Oxford

United Kingdom

OX3 7LJ

**Study participating centre**

**Beatson West of Scotland Cancer Centre**

1053 Great Western Road

Glasgow

United Kingdom

G12 0YN

**Study participating centre**

**Belfast City Hospital**

Lisburn Road

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United Kingdom  
BT9 7AB

**Study participating centre**  
**The Clatterbridge Cancer Centre**  
Clatterbridge Rd  
Bebington  
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CH63 4JY

**Study participating centre**  
**Christie Hospital**  
Wilmslow Road  
Manchester  
United Kingdom  
M20 4BX

**Study participating centre**  
**King's College Hospital**  
Denmark Hill  
London  
United Kingdom  
SE5 9RS

**Study participating centre**  
**Leicester Royal Infirmary**  
Infirmary Square  
Leicester  
United Kingdom  
LE1 5WW

**Study participating centre**  
**Nottingham City Hospital**  
City Hospital Campus  
Nottingham  
United Kingdom  
NG5 1PB

**Study participating centre**  
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**Study participating centre**  
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**Study participating centre**  
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**Study participating centre**  
**St James' University Hospital**  
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LS9 7TF

**Study participating centre**  
**The Queen Elizabeth Hospital**  
Edgbaston



Birmingham  
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B15 2TH

**Study participating centre**  
**University College London Hospital**  
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**Study participating centre**  
**University Hospital of Wales**  
Heath Park  
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CF14 4XW

## Sponsor information

**Organisation**  
University of Birmingham

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

## Funder(s)

**Funder type**  
Industry

**Funder Name**  
Acerta Pharma

**Funder Name**  
Bloodwise; Grant Codes: 17003

**Alternative Name(s)**

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Other non-profit organizations

**Location**

United Kingdom

## Results and Publications

**Individual participant data (IPD) sharing plan**

The data sharing plans for the current study are unknown and will be made available at a later date.

**IPD sharing plan summary**

Data sharing statement to be made available at a later date

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol article</a>	protocol	20/05/2019	22/05/2019	Yes	No
<a href="#">HRA research summary</a>	Participant information sheet		28/06/2023	No	No
<a href="#">Participant information sheet</a>		11/11/2025	11/11/2025	No	Yes