# **MUK six**

Submission date 19/12/2012	<b>Recruitment status</b> No longer recruiting	<ul> <li>Prospectively registered</li> <li>Protocol</li> </ul>
Registration date 19/12/2012	<b>Overall study status</b> Completed	<ul> <li>[] Statistical analysis plan</li> <li>[X] Results</li> </ul>
Last Edited 21/05/2021	<b>Condition category</b> Cancer	Individual participant data

### Plain English summary of protocol

http://www.cancerresearchuk.org/cancer-help/trials/a-trial-of-panobinostat-with-bortezomib-thalidomide-and-dexamethasone-for-myeloma-that-has-come-back-or-no-longer-responding-to-treatment-muk-six

## **Contact information**

**Type(s)** Scientific

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## Additional identifiers

EudraCT/CTIS number 2012-000842-36

**IRAS number** 

ClinicalTrials.gov number

Secondary identifying numbers 13613

## Study information

### Scientific Title

A Phase I/IIa trial of VTD-panobinostat treatment and panobinostat maintenance in relapsed and relapsed/refractory multiple myeloma patients

### **Study objectives**

This is an open label, multi-centre, phase I/IIa trial to firstly identify the maximum tolerated dose (MTD) of VTD-panobinostat in eligible participants with relapsed or relapsed and refractory multiple myeloma. A rolling six dose escalation design36 is proposed to determine the MTD and recommended dose (RD) of VTD-Pano. An expansion phase will then be incorporated to estimate the response rate (partial response or better) within 16 cycles of therapy at the RD. Safety will be assessed throughout the trial.

### Ethics approval required

Old ethics approval format

**Ethics approval(s)** First MREC, 11/07/2012, ref: 12/LO/0965

**Study design** Non-randomised interventional study

**Primary study design** Interventional

**Secondary study design** Non randomised study

### Study setting(s) Hospital

Study type(s)

### 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

Haematological Oncology; Disease: Myeloma

### Interventions

Dexamethasone will be administered for 16 cycles on days 1, 2, 8 and 9 Panobinostat will be administered alongside Velcade, Thalidomide and Dexamethasone for 16 cycles of induction therapy, each lasting 21 days. Participants will then receive 12 months of panobinostat monotherapy maintenance. Thalidomide will be administered daily for 16 cycles Velcade will be administered in a regimen alongside panobinostat, thalidomide and dexamethasone

### Intervention Type

Drug

### Phase

Phase I/II

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

Dexamethasone, panobinostat, thalidomide, velcade

### Primary outcome measure

Dose limiting toxicities measured within the first cycle of treatment (21 days)

### Secondary outcome measures

Response - proportion of participants achieving at least a partial response within 16 cycles of VTD-Pano

### Overall study start date

10/12/2012

### **Completion date**

01/06/2014

## Eligibility

### Key inclusion criteria

1. Patients with a previous diagnosis of multiple myeloma based on IMWG 2003 definitions:

1.1. Monoclonal immunoglobulin (M component) on electrophoresis, and on immunofixation of serum or of total 24 hour urine

1.2. Bone marrow (clonal) plasma cells =10% or biopsy proven plasmacytoma

1.3. Related organ or tissue impairment (CRAB symptoms, anemia, hypercalcemia, lytic bone lesions, renal insufficiency, hyperviscosity, amyloidosis or recurrent infections)

2. Relapsed or relapsed-and-refractory myeloma who have received 14 prior lines and now require further treatment

3. Able to give informed consent and willing to follow study protocol

- 4. Aged 18 years or over
- 5. ECOG Performance Status = 2

6. Required laboratory values within 14 days of registration:

6.1. Absolute neutrophil count = 1.0 x 109/L. Growth factor support is not permitted within 14 days prior to eligibility assessment

6.2. Platelet count = 100 x 109/L. Platelet support is not permitted within 14 days prior to eligibility assessment

6.3. Haemoglobin = 8.0g/dL. Blood transfusion support is permitted

6.4. Bilirubin = 2 x upper limit of normal (ULN)

6.5. AST and/or ALT = 2.5 x ULN; except in subjects with known hepatic involvement, where AST and/or ALT = 5.0 x ULN

6.6. Serum creatinine = 2.0 x ULN

6.7. Corrected calcium = 2.8 mmol/L

7. Anticipated survival of at least 3 months

8. Evaluable disease per modified IWG criteria, utilising the following assessments as appropriate:

8.1. Serum M protein = 10g/l

8.2. Urine M protein = 200mg/24 hours

8.3. Serum free light chain assay: involved FLC level = 100mg/l. Provided serum FLC ratio is abnormal

9. Female subjects of childbearing potential must have a negative pregnancy test at baseline and agree to use dual methods of contraception for the duration of the study and must continue to do so for 3 months after the end of treatment. Male subjects must agree to use a barrier method of contraception for the duration of the study if sexually active with a female of childbearing potential and must continue to do so for 3 months after the end of treatment. 10. Male or female participants

Participant type(s)

. Patient

### Age group

Adult

Lower age limit

18 Years

### Sex

Both

Target number of participants

UK Sample Size: 54

### Key exclusion criteria

1. Pregnant (positive pregnancy test) or breastfeeding women

2. Non-secretory multiple myeloma

3. Previous anti-tumour therapies, including prior experimental agents or approved anti-tumour small molecules and biologics, within 28 days before the start of protocol treatment. Steroid therapy is permitted (maximum 160mg dexamethasone or equivalent), but must be stopped 48 hours prior to study drug administration. Bisphosphonates for bone disease and radiotherapy for palliative intent are also permitted.

4. Concurrent or previous malignancies (<12 months post end of treatment) at other sites with the exception of appropriately treated localised epithelial skin or cervical cancer, or incidental histologic findings of prostate cancer (TMN stage T1a or 1b). Patients with histories (=12 months) of other tumours may be entered

5. Poorly controlled or serious medical or psychiatric illness that, in the Investigators opinion, is likely to interfere with participation and/or compliance in this clinical study

6. Patients with significant cardiovascular disease (e.g. history of congestive heart failure requiring therapy, presence of severe valvular heart disease, presence of an atrial or ventricular arrhythmia requiring treatment, uncontrolled hypertension, a history of QTc abnormalities) 7. Active symptomatic fungal, bacterial, and/or viral infection including known active HIV or known viral (A, B, or C) hepatitis

8. Gastrointestinal disorders that may interfere with absorption of the study drug

9. Patients who have been refractory to prior bortezomib, i.e. did not achieve at least an MR, or

who have progressed on therapy or within 60 days of last dose 10. Participants with peripheral neuropathy CTC grade 2 or higher or grade 1 with pain within 14 days prior to registration 11. Any history of known hypersensitivity to any of the study medication or excipients

**Date of first enrolment** 10/12/2012

Date of final enrolment 01/06/2014

## Locations

**Countries of recruitment** England

United Kingdom

**Study participating centre University of Leeds** Leeds United Kingdom LS2 9JT

## Sponsor information

**Organisation** University of Leeds (UK)

**Sponsor details** Faculty Research Office Worsley Building Clarendon Way Leeds England United Kingdom LS2 9NL

**Sponsor type** University/education

Website http://www.leeds.ac.uk/

### ROR

https://ror.org/024mrxd33

## Funder(s)

Funder type Charity

**Funder Name** Myeloma UK

Alternative Name(s)

**Funding Body Type** Private sector organisation

**Funding Body Subtype** Other non-profit organizations

**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

### IPD sharing plan summary

Not provided at time of registration

### **Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<u>Plain English results</u>				No	Yes
<u>Results article</u>	results	01/12/2016		Yes	No
HRA research summary			28/06/2023	No	No