## A phase II trial of Cyclosporin A in early adverse risk Chronic Lymphocytic Leukaemia (CLL)

Submission date	Recruitment status No longer recruiting	<ul> <li>Prospectively registered</li> </ul>		
05/03/2014		☐ Protocol		
<b>Registration date</b> 05/03/2014	Overall study status Completed	Statistical analysis plan		
		[X] Results		
Last Edited	Condition category	[] Individual participant data		
21/06/2019	Cancer			

#### Plain English summary of protocol

http://www.cancerresearchuk.org/cancer-help/trials/a-trial-of-cyclosporin-a-for-chroniclymphocytic-leukaemia-cyclle

## Contact information

## Type(s)

Scientific

#### Contact name

Dr Rachel Blundred

#### Contact details

Institute for Cancer Studies University of Birmingham, Edgbaston Birmingham United Kingdom **B152TT** 

r.m.blundred@bham.ac.uk

## Additional identifiers

Clinical Trials Information System (CTIS)

2012-002795-13

Protocol serial number

13956

## Study information

#### Scientific Title

A phase II trial of Cyclosporin A in early adverse risk Chronic Lymphocytic Leukaemia (CLL)

#### **Acronym**

CyCLLe

### **Study objectives**

The CyCLLe trial aims to measure the spontaneous proliferation (growth) rate of leukaemia cells in patients with Chronic Lymphocytic Leukaemia (CLL) and evaluate the effect of an immunosuppressive drug called Cyclosporin A (CsA), on the rate of proliferation.

For the majority of patients, CLL is incurable and once the disease has progressed it can lead to chronic illness, reduced survival and poor quality of life. CLL progression occurs when there is an imbalance between the growth of new leukaemic cells and the rate of cell death. This trial will investigate a strategy for delaying the progression of CLL using CsA.

Activated Tcells appear to perform an important role in tumour cell proliferation. As CsA is known to decrease T cell activation in tumour cells, it is possible it could reduce the rate of growth of new tumour cells and therefore delay disease progression.

The trial will recruit 10 patients with early stage CLL, who do not currently require therapy, from 2 Trials Acceleration Programme (TAP) centres. The research is funded by Leukaemia and Lymphoma research.

The rate of cell growth and loss of cells from the circulation will be assessed over up to 3 cycles (8 weeks apart) using deuterated (heavy) glucose. Patients will attend clinic on day 0 of each cycle to drink a sugar solution containing deuterated glucose and provide a blood sample. Patients will return on day 4 of each cycle for a further blood test to measure proliferation rates. Treatment will begin at week 5 of the first cycle for 8 weeks, continuing for an additional 4 months if a benefit is seen. Patients will be seen once/twice weekly whilst on treatment.

Rates of release may also be measured in patients who consent to additional visits for extra blood samples. The maximum time the patient would be on study is 11 months.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

12/EE/0485; First MREC approval date 12/12/2012

## Study design

Non-randomised; Interventional; Design type: Screening

## Primary study design

Interventional

## Study type(s)

Treatment

Health condition(s) or problem(s) studied

Topic: National Cancer Research Network; Subtopic: Haematological Oncology; Disease: Leukaemia (chronic)

#### **Interventions**

Cyclosporin A, Immunosuppressant

Follow Up Length: 2 month(s) Study Entry: Registration only

#### Intervention Type

Drug

#### Phase

Not Applicable

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

Cyclosporin A

#### Primary outcome(s)

Change in proliferation rate of CLL cells; Timepoint(s): Change in proliferation rate of CLL cells after 4 weeks of CsA therapy, measured by deuterated glucose

### Key secondary outcome(s))

- 1. Complete response rate
- 2. Complete Remission after 8 weeks and 6 months
- 3. CsA Loss of labelled CLL cells; Timepoint(s): Rate of loss of labelled CLL cells from the circulation with CsA therapy
- 4. Overall response rate; Timepoint(s): Overall response rate (Complete Remission + Partial Remission) after 8 weeks and 6 months of CsA
- 5. Release of labelled CLL cells; Timepoint(s): Time to maximum release of labelled CLL cells into the circulation with CsA therapy
- 6. Spontaneous intra-patient variation; Timepoint(s): Spontaneous intra-patient variation in the proliferation, release and loss of CLL cells from the cirulation
- 7. Toxicity of CsA in patients with CLL; Timepoint(s): Toxicity of CsA in patients with CLL (toxicities will be measured and graded according to CTCAE criteria

## Completion date

29/04/2015

## Eligibility

#### Key inclusion criteria

- 1. Stage A or B CLL (Binet system) not requiring therapy by conventional criteria
- $2. \le 2$  lines of previous therapy for CLL
- 3. Male and female, age ≥18
- 4. ECOG performance status ≤2
- 5. Life expectancy >12 months
- 6. No therapy for CLL in previous 3 months (including glucocorticoids)
- 7. CD38+ve ≥ 7%

- 8. Normal renal function (eGFR >60mls/min)
- 9. Normal liver function (AST and / or ALT < 1.5 ULN)
- 10. Negative serology for Hepatitis B, C and HIV
- 11. Valid informed consent

### Participant type(s)

Patient

### Healthy volunteers allowed

No

#### Age group

Adult

#### Lower age limit

18 years

#### Sex

All

#### Total final enrolment

5

#### Key exclusion criteria

- 1. Active infection
- 2. Active autoimmune disease (requiring therapy)
- 3. Diabetes Mellitus
- 4. Previous myocardial infarction or clinically significant cardiac dysrhythmia.
- 5. Uncontrolled hypertension
- 6. Taking medication known to cause serious interaction with CsA where the interaction cannot be prevented by monitoring and adjusting CsA level
- 7. Fludarabine refractory disease (Non response to or relapse within 6 months of fludarabine containing regimen)
- 8. Previous bone marrow transplant
- 9. History of prior malignancy, with the exception of certain skin cancers and malignancies treated with curative intent and with no evidence of active disease for more than 3 years.
- 10. Pregnant and lactating patients (patients of childbearing potential must have a negative pregnancy test prior to study entry)
- 11. Patients and partners of childbearing potential not willing to use effective contraception during and for 3 months after therapy

#### Date of first enrolment

29/04/2013

#### Date of final enrolment

29/04/2015

## Locations

#### Countries of recruitment

#### United Kingdom

England

Study participating centre Institute for Cancer Studies Birmingham United Kingdom B15 2TT

## Sponsor information

## Organisation

University of Birmingham (UK)

#### **ROR**

https://ror.org/03angcq70

## Funder(s)

## Funder type

Charity

#### **Funder Name**

Leukaemia and Lymphoma Research

## 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

**IPD sharing plan summary**Not provided at time of registration

# Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Basic results			21/06/2019	No	No
HRA research summary			28/06/2023	No	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes