

# A phase 2 study of the efficacy and safety of Deferasirox administered at early iron loading in patients with transfusion-dependent myelodysplastic syndromes

<b>Submission date</b> 05/07/2013	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 05/07/2013	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 14/02/2020	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

<http://www.cancerresearchuk.org/cancer-help/trials/a-study-looking-drug-deferasirox-people-myelodysplastic-syndromes-de-iron>

## Contact information

### Type(s)

Scientific

### Contact name

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## Additional identifiers

### EudraCT/CTIS number

2011-004559-38

### IRAS number

### ClinicalTrials.gov number

## Secondary identifying numbers

13706

# Study information

## Scientific Title

A phase 2 study of the efficacy and safety of Deferasirox administered at early iron loading in patients with transfusion-dependent myelodysplastic syndromes

## Acronym

Deferasirox for early iron loading in transfusion-dependant MDS

## Study objectives

Myelodysplastic Syndromes (MDS) cause a failure of the bone marrow, which does not produce enough blood cells (red cells, white cells and platelets). This is because the bone marrow contains too many abnormal cells (dysplastic cells) which function poorly.

Many patients with MDS do not produce enough red blood cells, which leads to anaemia. This means that they receive regular blood transfusions to treat the anaemia and alleviate symptoms. However, blood is rich in iron and repeated transfusions may cause a build-up of excess iron. Although iron is an essential part of the blood, an excess of iron may affect the way in which the organs in the body function. This includes the liver and heart. This situation is called iron overload.

The aim of this study is to test how effective, safe and tolerable a drug called Deferasirox (also called Exjade®) is when used to treat rising iron levels in patients with MDS. The study treatment will aim to control the iron levels in the blood, which steadily increase after receiving regular blood transfusions. It is not intended to treat MDS. Normally doctors will wait until the level of iron in the blood significantly increases before considering starting treatment for iron overload, but in this study Deferasirox treatment is given early rather than waiting for the iron levels to rise until a high level is reached and organ damage begins. In summary, this study is looking at the feasibility of starting treatment early, before overload begins.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

12/NE/0220

## Study design

Non-randomised; Interventional; Design type: Process of Care, Treatment

## Primary study design

Interventional

## Secondary study design

Non randomised study

## Study setting(s)

Hospital

## Study type(s)

Treatment

## Participant information sheet

Not available in web format, please use contact details to request a participant information sheet

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

Topic: National Cancer Research Network, Blood; Subtopic: Haematological Oncology, Blood (all Subtopics); Disease: Unknown Primary Site, Non-malignant haematology

## Interventions

Deferasirox, oral deferasirox for patients with transfusion dependant, low risk MDS and early iron loading; Study entry: registration only

## Intervention Type

Drug

## Phase

Phase II

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

Deferasirox

## Primary outcome measure

Time to reach a ferritin of 1500 ug/l; Timepoint(s): Treatment is for 12 months and follow up for 24 months

## Secondary outcome measures

Not provided at time of registration

## Overall study start date

25/01/2013

## Completion date

25/01/2015

# Eligibility

## Key inclusion criteria

1. At least 18 years old
2. Written informed consent
3. MDS with:
  - 3.1. Baseline haemoglobin concentration < 11 g/dl and clinically requiring red cell transfusion with a frequency of at least 2 units every 6 weeks for the receding 12 week period.
  - 3.2. Serum ferritin > 300 ug/l but < 1000 ug/l in absence of ongoing inflammation (CRP < 3 x ULN)
  - 3.3. Serum creatinine < 1.2 x ULN and/or creatinine clearance > 40 ml/min
  - 3.4. Alanine aminotransferase (ALT) or aspartate aminotransferase (AST) < 2.5 ULN
  - 3.5. International Prognostic Scoring System (IPSS) Low/INT-1 previously untreated or having

failed a therapeutic trial of erythropoietic stimulating agents (ESA) or other active MDS drug therapy, or alternatively lost their response to such therapy

3.6. IPSS INT-2 with <10% blasts and lacking a complex karyotype or monosomy 7 (and with stable blood counts from diagnosis to study entry)

Target gender: male & female

### **Participant type(s)**

Patient

### **Age group**

Adult

### **Lower age limit**

18 Years

### **Sex**

Both

### **Target number of participants**

Planned Sample Size: 54; UK Sample Size: 54

### **Total final enrolment**

13

### **Key exclusion criteria**

1. Active treatment for MDS, including erythropoietic stimulating agents (ESA), 5-azacitidine, antilymphocyte globulin and low dose chemotherapy such as cytarabine during the trial and within the last 8 weeks
2. Life expectancy of less than 1 year
3. Known HIV positive
4. Active infection
5. Use of prior investigational agents within 6 weeks
6. Pregnancy or lactation
7. Other severe concurrent medical illness that limit the patients prognosis to <1 year, or psychiatric disorders
8. Concurrent active or previous malignancy, within the last 3 years, except controlled, localised prostate cancer on hormone therapy or basal cell carcinoma or cervical carcinoma in situ or completely resected colonic polyps carcinoma in situ
9. Ongoing inflammation as measured by C-reactive protein (CRP) > 3 x ULN
10. Serum creatinine > 1.2 x ULN and/or creatinine clearance <40 mls/min
11. ALT or AST >2.5 ULN
12. History of drug/alcohol abuse or non-compliance

### **Date of first enrolment**

25/01/2013

### **Date of final enrolment**

25/01/2015

## **Locations**

**Countries of recruitment**

Scotland

United Kingdom

**Study participating centre**

Cornhill Road

Aberdeen

United Kingdom

AB25 2ZN

**Sponsor information****Organisation**

University of Birmingham (UK)

**Sponsor details**

Institute for Cancer studies

Edgbaston

Birmingham

England

United Kingdom

B15 2TT

**Sponsor type**

University/education

**ROR**

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

**Funder(s)****Funder type**

Charity

**Funder Name**

Leukaemia and Lymphoma Research (Grant Codes: 11019)

**Alternative Name(s)****Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Other non-profit organizations

**Location**

United Kingdom

**Funder Name**

Novartis Oncology (Switzerland); Grant Codes: CICL670AGB05T

## 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?
<a href="#">Plain English results</a>				No	Yes
<a href="#">Basic results</a>			21/06/2019	No	No
<a href="#">HRA research summary</a>			28/06/2023	No	No