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Phase III study of safety, tolerance, efficacy, pharmacokinetics, and costs of therapy with voriconazole or placebo in the prophylaxis of lung infiltrates in patients undergoing induction chemotherapy for acute myelogenous leukaemia

Submission date
27/09/2004

Recruitment status
Stopped

Registration date
05/01/2005

Overall study status
Stopped

Last Edited
13/12/2007

Condition category
Cancer

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[ ] Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
NRA 150 0009

Study information

Scientific Title

Acronym
Voriconazole prophylaxis

Study objectives
Voriconazole is superior to placebo in the prophylaxis of lung infiltrates until day 21 after start of induction chemotherapy.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Not provided at time of registration

Study design
Randomised controlled trial

Primary study design
Interventional

Secondary study design
Randomised controlled trial

Study setting(s)
Hospital

Study type(s)
Prevention

Participant information sheet

Health condition(s) or problem(s) studied
Acute Myelogenous Leukaemia (AML)

Interventions
Voriconazole 200 mg twice a day (bid) orally (po) or placebo

This trial was prematurely terminated on 19 January 2006 due to establishment of a new standard treatment, which made the placebo group of the trial ethically unjustifiable.

Intervention Type
Drug

Phase
Phase III

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

Primary outcome measure
Incidence of lung infiltrates

Secondary outcome measures
1. Incidence of fever and other signs of infection
2. Incidence and type of documented bacteremia
3. Rate of patients with systemic open-label antifungal therapy
4. Time to initiation of systemic open-label antifungal therapy
5. Duration of absolute neutrophil count <500/µl
6. Rate and type of proven, probable and possible breakthrough invasive fungal infections
7. Rate of patients with fever of unknown origin
8. Incidence and severity of adverse events
9. Trough voriconazole plasma level
10. Direct costs of systemic antibiotics, antifungals and antivirals and diagnostic imaging
11. Overall costs in terms of the diagnosis related groups applied to the study patients

Overall study start date
01/11/2004

Completion date
31/12/2007

Reason abandoned (if study stopped)
This trial was prematurely terminated on 19 January 2006 due to establishment of a new standard treatment, which made the placebo group of the trial ethically unjustifiable.

Eligibility

Key inclusion criteria
Patients with first induction chemotherapy for acute myelogenous leukaemia (AML):
1. Newly diagnosed or relapsed, de novo or secondary AML
2. First induction chemotherapy cycle
3. Expected neutropenic phase of a minimum duration of 10 days
4. Age greater than 18 years
5. Legally signed informed consent

Participant type(s)
Patient

Age group
Adult

Lower age limit
18 Years

Sex
Not Specified

Target number of participants
Planned: 150 patients, analyzed: 25 patients.

Key exclusion criteria
1. Known proven, probable or possible invasive fungal infection at randomization or in patient history
2. CT with any signs of a fungal infection according to the EORTC/MSG criteria, i.e. with any infiltrate (Ascioglu, et al 2002)
3. Any current fever unless explained by non-infectious causes
4. Antibacterial prophylaxis other than TMP/SMX
5. LFT (AST/ALT/bilirubin) more than 3x the upper normal limit
6. Subjects who are receiving and cannot discontinue one of the following drugs at least 24 hours prior to randomization:
6.1. Drugs with a known possibility of QTc prolongation (e.g. terfenadine, astemizole, cisapride, pimozide, quinidine)
6.2. Drugs whose plasma levels may be increased by voriconazole therapy (e.g. sulphonylureas, ergot alkaloids, sirolimus, vinca alkaloids)
7. Subjects who have received the following drugs within 14 days prior to randomization: Potent inducers of hepatic enzymes that will reduce voriconazole levels (e.g. rifampicin, carbamazepine and barbiturates)
8. Concomitant therapy with absorbable antifungals
9. Patient has a diagnosis of acute hepatitis or cirrhosis due to any cause
10. Known hypersensitivity or other contraindication to voriconazole
11. Patient unwilling or unable to comply with the protocol
12. Diseases or disabilities preventing the patient from participating in the trial
13. Females of childbearing potential without negative serum pregnancy test at baseline or within 72 hours prior to start of study drug

Ascioglu S, Rex JH, de Pauw B, Bennett JE, Bille J, Crokaert F, Denning DW, Donnelly JP, Edwards JE, Erjavec Z, Fiere D, Lortholary O, Maertens J, Meis JF, Patterson TF, Ritter J, Selleslag D, Shah PM, Stevens DA, Walsh TJ; Invasive Fungal Infections Cooperative Group of the European Organization for Research and Treatment of Cancer; Mycoses Study Group of the National Institute of Allergy and Infectious Diseases. Defining opportunistic invasive fungal infections in immunocompromised patients with cancer and hematopoietic stem cell transplants: an international consensus. Clin Infect Dis. 2002 Jan 1;34(1):7-14.

Date of first enrolment
01/11/2004

Date of final enrolment
31/12/2007

Locations

Countries of recruitment
Germany

Study participating centre
University Hospital of Cologne
Cologne
Germany
50924

Sponsor information

Organisation
University Hospital of Cologne (Germany)

Sponsor details
Kerpener Strasse 62
Cologne
Germany
50924

Sponsor type
Hospital/treatment centre

ROR
https://ror.org/05mxhda18

Funder(s)

Funder type
Industry

Funder Name
Pfizer GmbH, Karlsruhe (Germany)

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