

GA101 (obinutuzumab) monoclonal antibody as consolidation therapy In CLL

Submission date 08/01/2015	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 12/01/2015	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 20/11/2025	Condition category Cancer	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

<http://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-looking-at-whether-obinutuzumab-after-chemotherapy-for-cll-can-reduce-the-chances-of-the-leukaemia-coming-back-galactic>

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

Clinical Trials Information System (CTIS)

2014-000880-42

Protocol serial number

17787

Study information

Scientific Title

GA101 (obinutuzumab) monoclonal Antibody as Consolidation Therapy In CLL: a randomised controlled trial

Acronym

GALACTIC

Study objectives

The trial will compare the use of obinutuzumab (GA101) in patients who have recently responded to treatment for chronic lymphocytic leukaemia (CLL) with the current standard practice, which is no treatment. The trial will evaluate whether obinutuzumab, if given after chemotherapy when there will be fewer CLL cells remaining, will keep patients disease free for longer.

Ethics approval required

Old ethics approval format

Ethics approval(s)

14/YH/1199

Study design

Randomised; Interventional

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Topic: Cancer; Subtopic: Haematological Oncology; Disease: Leukaemia(Chronic Lymphocytic Leukaemia)

Interventions

Obinutuzumab, Intravenous infusion on days 1 & 2 then weekly (days 8, 15 and 22) and fortnightly (days 26, 50, 64, 78). Approx 3 months total.

Intervention Type

Drug

Phase

Phase III

Drug/device/biological/vaccine name(s)

Obinutuzumab

Primary outcome(s)

Progression free survival (phase III); Timepoint(s): Disease progression or death

Key secondary outcome(s))

No secondary outcome measures

Completion date

17/09/2018

Eligibility

Key inclusion criteria

1. At least 18 years old
 2. Previous confirmation of B-CLL with a characteristic immunophenotype (for example, CD5+, CD19+, CD23+ lymphoproliferative disorder) on peripheral blood flow cytometry
 3. Maximum of three prior therapies received for CLL treatment and between 3 and 24 months post therapy at registration
 4. Response to most recent chemotherapy treatment for CLL with PR, CRi or CR
 5. World Health Organisation (WHO) performance status (PS) of 0 or 1
 6. Able to provide written informed consent
 7. Peripheral B-Cell count $<5 \times 10^9$ L
 8. For randomisation, the first MRD positive peripheral blood sample (disease level found in peripheral blood is greater than 0.01%) must be between 3 and 12 months since completing most recent therapy for CLL
 9. Absence of clinically or radiologically evident lymphadenopathy (largest lymph node 1.5 cm or less in minimum diameter)
 10. Creatinine and bilirubin <2 times upper limit of normal unless secondary to direct infiltration of the liver by CLL or haemolysis
- Target Gender: Male & Female

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Mixed

Lower age limit

18 years

Upper age limit

100 years

Sex

All

Total final enrolment

48

Key exclusion criteria

1. Disease progression after response to latest therapy
2. Active infection

3. Past history of anaphylaxis following exposure to rat or mouse derived CDR-grafted humanised monoclonal antibodies
4. Previous treatment with obinutuzumab
5. CNS involvement with CLL
6. Mantle cell lymphoma
7. Moderate or severe cardiac disease that would preclude treatment with obinutuzumab
8. Other severe, concurrent diseases or mental disorders that could interfere with ability to participate
9. Known HIV positivity
10. Active secondary malignancy excluding basal cell carcinoma
11. Active haemolysis
12. Patients previously treated with allogeneic Stem Cell Transplant
13. Pregnancy, lactation or women of childbearing potential unwilling to use medically approved contraception whilst receiving treatment and for 12 months after treatment has finished
14. Men whose partners are capable of having children but who are not willing to use appropriate medically approved contraception whilst receiving treatment and for 12 months after treatment has finished, unless they are surgically sterile
15. Persisting severe pancytopenia (neutrophils $<0.5 \times 10^9/L$ or platelets $<50 \times 10^9/L$) or transfusion dependent anaemia
16. Positive serology for Hepatitis B (HB) defined as a positive test for HBsAg. In addition, if negative for HBsAg but HBcAb positive (regardless of HBsAb status), a HB DNA test will be performed and if positive the subject will be excluded.
17. Positive serology for Hepatitis C (HC) defined as a positive test for HCAb, in which case reflexively perform a HC RIBA immunoblot assay on the same sample to confirm the result.

Date of first enrolment

06/02/2015

Date of final enrolment

24/02/2017

Locations

Countries of recruitment

United Kingdom

England

Study participating centre**Clinical Trials Research Unit (CTRU)**

Leeds Institute of Clinical Trials Research

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Sponsor information

Organisation

University of Leeds

ROR

<https://ror.org/024mrxd33>

Funder(s)

Funder type

Government

Funder Name

Cancer Research UK

Alternative Name(s)

CR_UK, Cancer Research UK - London, Cancer Research UK (CRUK), CRUK

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**

Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	protocol	26/08/2022	20/11/2025	Yes	No
Protocol article		26/07/2017		Yes	No
HRA research summary			28/06/2023	No	No