

# A randomised trial for adults with newly diagnosed acute lymphoblastic leukaemia

<b>Submission date</b> 23/04/2010	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 23/04/2010	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 02/12/2020	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

<http://cancerhelp.cancerresearchuk.org/trials/a-trial-treatment-adults-with-acute-lymphoblastic-leukaemia-UKALL14>

## Study website

<https://www.ctc.ucl.ac.uk/TrialDetails.aspx?Trial=80&term=ukall14>

## Contact information

### Type(s)

Scientific

### Contact name

Mr Kalam Hussain

### Contact details

CRUK and UCL Cancer Trials Centre  
90 Tottenham Court Road  
London  
United Kingdom  
W1T 4TJ  
+44 (0)207 679 9169  
[ukall14@ctc.ucl.ac.uk](mailto:ukall14@ctc.ucl.ac.uk)

## Additional identifiers

### EudraCT/CTIS number

2009-012717-22

### IRAS number

### ClinicalTrials.gov number

NCT01085617

## Secondary identifying numbers

7471

# Study information

## Scientific Title

A randomised trial for adults with newly diagnosed acute lymphoblastic leukaemia

## Acronym

UKALL 14

## Study objectives

- 1.1. 1B (precursor-B lineage): to determine if the addition of rituximab to standard induction chemotherapy results in improved event-free survival (EFS) in patients with precursor B-cell lineage acute lymphoblastic leukaemia (ALL)
- 1.2. 1T (T lineage): to determine if the addition of nelarabine following standard induction therapy (arms T1 and T2) improves outcome for patients with T cell ALL
2. To determine the tolerability of Pegylated asparaginase in induction (for all patients) and to compare anti-asparaginase antibody levels between patients in the 2 randomisation groups from aim 1B
3. To determine whether risk-adapted introduction of unrelated donor HSCT (myeloablative conditioning in patients aged up to and including 40 years at time of study entry and non-myeloablative conditioning in patients aged greater than 40 years, i.e., having reached their 41st birthday at time of study entry) result in greater EFS for patients at highest risk of relapse
4. To compare 2 schedules of administration (standard P1 versus 'collapsed' P2) of keratinocyte growth factor (palifermin) for efficacy in preventing the severe mucosal toxicity of etoposide /TBI HSCT conditioning regimen

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

West London REC 2, 13/01/2010, ref: 09/H0711/90

## Study design

Randomised interventional treatment trial

## Primary study design

Interventional

## Secondary study design

Randomised controlled trial

## Study setting(s)

Hospital

## Study type(s)

Treatment

## Participant information sheet

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

Acute lymphoblastic leukaemia

### Interventions

Rituximab: To determine if the addition of monoclonal antibody to standard induction chemotherapy results in improved EFS in patients with precursor B-cell lineage ALL

Nelarabine: To determine if the addition of nelarabine following standard induction therapy (arms T 1 and T2) improves outcome for patients with T cell ALL

Oncaspar: To determine the tolerability of pegylated asparaginase in induction (for all patients) and to compare anti-asparaginase

1. Rituximab: 375 mg/m<sup>2</sup> given by IV on days 3, 10, 17 and 24 of Phase 1 induction therapy
2. Oncaspar: 1000 IU/m<sup>2</sup> given by IV on days 4 and 18 of Phase 1 induction therapy
3. Nelarabine: 1.5 g/m<sup>2</sup> given by IV on days 1, 3 and 5 immediately following Phase 2 induction therapy
4. Palifermin: 60 ug/kg given either on days -10, -9, -8, 0, 2 and 4 or -9, 0, 2 and 4 of myeloablative conditioning regimen

Total duration of treatment is approximately 2 years 6 months for all patients who complete treatment. Patients are followed up until death.

### Intervention Type

Other

### Phase

Phase III

### Primary outcome measure

1. Event free survival (applies to all interventions), measured from date of randomisation until the date of relapse
2. Toxicity related to pegylated asparaginase, measured after Phase 1 induction therapy

### Secondary outcome measures

1. Anti-asparaginase antibodies (induction randomisation only), measured at the end of Phase 1 induction therapy
2. Overall survival, measured from date of randomisation until date of death
3. Complete remission rate: % of patients in complete remission at the end of Phase 2 induction therapy

### Overall study start date

01/06/2008

### Completion date

31/07/2022

## Eligibility

### Key inclusion criteria

1. Subjects must be aged greater than or equal to 25 and less than or equal to 65 years old with acute lymphoblastic leukaemia, either sex
2. Newly diagnosed, previously untreated ALL (a steroid pre-phase of 5 - 7 days is acceptable and can be started prior to registration)
3. Written informed consent

**Participant type(s)**

Patient

**Age group**

Adult

**Sex**

Both

**Target number of participants**

Planned sample size: 811; UK sample size: 811

**Key exclusion criteria**

1. Known HIV infection
2. Pregnant or lactating women
3. Blast transformation of CML
4. Mature B-cell leukemia, i.e. Burkitt's disease t(8,14)(q24;q32) and all disorders amplification of c-myc, e.g. t(2;8)(p12q24), t(8;22)(q24;q11)

**Date of first enrolment**

30/12/2010

**Date of final enrolment**

31/12/2020

**Locations****Countries of recruitment**

England

United Kingdom

**Study participating centre**

**Haematology Trials Group**

London

United Kingdom

W1T 4TJ

**Sponsor information**

**Organisation**

University College London (UK)

**Sponsor details**

Gower Street  
London  
England  
United Kingdom  
WC1E 6BT

**Sponsor type**

University/education

**Website**

<http://www.ucl.ac.uk/>

**ROR**

<https://ror.org/02jx3x895>

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

Charity

**Funder Name**

Cancer Research UK (CRUK) (UK) - Clinical Trials Advisory and Awards Committee (CTAAC) grant (ref: C27995/A9609)

**Results and Publications****Publication and dissemination plan**

Planned publication in a high-impact peer-reviewed journal.

**Intention to publish date**

31/07/2023

**Individual participant data (IPD) sharing plan**

In line with the CR UK and UCL CTC policy the unit is committed to supporting safe and appropriate sharing and requests for access to the participant level data should be made by contacting the relevant Trials Group Lead, Director or Deputy Director.

All requests will be assessed by the relevant Chief Investigator/Trial Management Group and, if necessary, Trial Steering Committee and/or CTC Senior Management Group. Please see the UCL CTC website for further details: <http://www.ctc.ucl.ac.uk/DataSampleSharing.aspx>

**IPD sharing plan summary**

Available on request

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	02/07/2018	25/06/2019	Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No