

National Cancer Research Institute acute myeloid leukaemia and high risk MDS trial 16. A trial for older patients with acute myeloid leukaemia and high risk myelodysplastic syndrome (MDS).

Submission date 17/08/2005	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 11/10/2005	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 25/01/2022	Condition category Cancer	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

<http://www.cancerhelp.org.uk/trials/a-trial-looking-at-treatment-for-acute-myeloid-leukaemia-and-high-risk-myelodysplastic-syndrome-intensive-treatment-group>

<http://www.cancerhelp.org.uk/trials/a-trial-looking-at-treatment-for-acute-myeloid-leukaemia-and-high-risk-myelodysplastic-syndrome-non-intensive-treatment-group>

Contact information

Type(s)

Scientific

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Additional identifiers

ClinicalTrials.gov (NCT)

NCT00454480

Clinical Trials Information System (CTIS)

2005-002846-14

Study information

Scientific Title

National Cancer Research Institute acute myeloid leukaemia and high risk MDS trial 16. A trial for older patients with acute myeloid leukaemia and high risk myelodysplastic syndrome (MDS).

Acronym

AML16

Study objectives

Current study hypothesis as of 04/08/2011:

Therapeutic questions for patients considered fit for intensive treatment:

1. To compare two induction schedules (DA and ADE)
2. To assess the value of ATRA during induction when used in combination with DA or ADE for the first 50 days
3. To compare a total of two versus three courses of treatment in patients who achieve at least Partial Remission (<15% blasts) after induction course 1
4. To compare the use of Demethylation maintenance treatment with Azacytidine with no maintenance
5. To assess the value of Reduced Intensity Allogeneic Stem Cell Transplantation as consolidation for patients with matched donors

Therapeutic questions for patients not considered fit for intensive treatment:

To compare Low Dose Ara-C versus Sapacitabine. Previous options, including clofarabine, have now been completed.

As of 15/02/2011 the anticipated end date for this trial has been updated from 01/10/2010 to 31/08/2011. As of 22/07/2011 the end date has again been extended to 01/01/2012.

Previous study hypothesis points:

1. To compare two induction schedules (DA and DClo)
2. To assess the value of ATRA during induction when used in combination with DA or DClo in course 1

Therapeutic questions for patients not considered fit for intensive treatment:

To compare Low Dose Ara-C versus available novel approaches: Low Dose Ara-C with Mylotarg, Low Dose Ara-C with Zarnestra, Low Dose Clofarabine. During the course of the Programme other novel therapies are expected to become available, and will be considered for inclusion in this comparison.

Ethics approval required

Old ethics approval format

Ethics approval(s)

MREC for Wales on 16/12/2005 (ref: 05/MRE09/84)

Study design

Randomised controlled trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Acute Myeloid Leukaemia (AML) and High Risk Myelodysplastic Syndrome (MDS).

Interventions

Current interventions as of 04/08/2011:

Intensive interventions:

There are three randomised comparisons within the trial:

At diagnosis:

- i. DA versus ADE
- ii. ATRA versus not for 60 days

As consolidation:

- i. Three courses versus two courses of total induction/consolidation therapy
- ii. Non-intensive allogeneic stem cell transplant for patients with donors

As maintenance:

- i. Azacytidine or not for one year

Non-Intensive interventions:

Low Dose Ara-C versus Low Dose Clofarabine* OR Sapacitabine.

*Clofarabine option now closed.

For each of these non-intensive options the treatment plan is for four courses to be given.

Marrow response should be assessed before each course until complete remission is established.

Previous interventions:

At diagnosis:

- i. DA versus DClo
- ii. Mylotarg versus not in Course 1 for 60 days

Non-Intensive interventions:

Low Dose Ara-C versus Low Dose Ara-C with Mylotarg OR Low Dose Clofarabine OR Low Dose Ara-C with Zarnestra

Intervention Type

Drug

Phase

Phase III

Drug/device/biological/vaccine name(s)

DA and DClo, Mylotarg, Azacytidine, Ara-C, Zarnestra, Clofarabine

Primary outcome(s)

For intensive treatment:

Overall survival, complete remission (CR) achievement and reasons for failure (for induction questions), duration of remission, relapse rates and deaths in 1st CR.

For nonintensive treatments:

Overall survival, including survival at 6 months for the initial assessment of whether to continue with a novel therapy.

Key secondary outcome(s)

For intensive treatment:

Toxicity as assessed by NCI/WHO definitions; days to haematological recovery; supportive care requirements (days on antibiotics, days in hospital, blood product support).

For non-intensive treatment:

Toxicity as assessed by NCI/WHO definitions; days to haematological recovery; supportive care requirements (days on antibiotics, days in hospital, blood product support); complete remission (CR) achievement and reasons for failure, duration of remission, relapse rates and deaths in 1st CR.

Completion date

03/04/2017

Eligibility**Key inclusion criteria**

1. They have one of the forms of acute myeloid leukaemia, except acute promyelocytic leukaemia, as defined by the World Health Organisation (WHO) Classification - this can be any type of de novo or secondary AML - or high risk Myelodysplastic Syndrome, defined as greater than 10% marrow blasts (RAEB-2)
2. They should normally be over the age of 60, but patients under this age are eligible if they are not considered fit for the MRC AML 15 trial
3. They have given written informed consent

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Senior

Sex

All

Total final enrolment

2247

Key exclusion criteria

1. Patients have previously received cytotoxic chemotherapy for AML. (Hydroxyurea, or similar low-dose therapy, to control the white count prior to initiation of intensive therapy is not an exclusion.)
2. They are in blast transformation of chronic myeloid leukaemia (CML)
3. They have a concurrent active malignancy
4. They are pregnant or lactating
5. Patients with abnormal liver function tests exceeding twice the local upper limit of normal are not eligible for the Mylotarg randomisations
6. Patients with Acute Promyelocytic Leukaemia

Date of first enrolment

01/10/2005

Date of final enrolment

01/01/2012

Locations

Countries of recruitment

United Kingdom

Wales

Study participating centre

Department of Haematology

Cardiff

United Kingdom

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Sponsor information

Organisation

Cardiff University (UK)

ROR

<https://ror.org/03kk7td41>

Funder(s)

Funder type

Not defined

Funder Name

Clinical Trials Advisory and Awards Committee (CTAAC). Ref. No. C4999/A6031.

Results and Publications

Individual participant data (IPD) sharing plan

Not provided at time of registration

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	22/08/2013		Yes	No
Results article	results	10/11/2013		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Plain English results	intensive treatment group results	23/08/2013	25/01/2022	No	Yes
Plain English results	non intensive treatment group results	23/08/2013	25/01/2022	No	Yes
Study website	Study website	11/11/2025	11/11/2025	No	Yes