

Intensive compared with nonintensive chemotherapy in treating older patients with acute myeloid leukaemia or myelodysplastic syndrome

Submission date 01/07/2001	Recruitment status No longer recruiting	☐ Prospectively registered ☐ Protocol
Registration date 01/07/2001	Overall study status Completed	☐ Statistical analysis plan ☒ Results
Last Edited 17/10/2018	Condition category Cancer	☐ Individual participant data

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

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Additional identifiers

ClinicalTrials.gov (NCT)

NCT00005823

Protocol serial number

LRF AML14

Study information

Scientific Title

A randomised trial for patients with acute myeloid leukaemia (AML) or high-risk myelodysplastic syndrome aged 60 or over

Acronym

AML 14

Study objectives

As of 10/12/2009 this record was updated; all details can be found under the relevant section under the above update date.

Added as of 10/12/2009:

Drugs used in chemotherapy use different ways to stop cancer cells from dividing so they stop growing or die. It is not yet known if stronger doses of chemotherapy given over a longer period of time are as well tolerated or as effective as less intensive chemotherapy.

This randomised phase III trial is studying intensive regimens of chemotherapy to see how well they work compared to nonintensive regimens of chemotherapy in treating older patients with acute myeloid leukemia or myelodysplastic syndrome.

Ethics approval required

Old ethics approval format

Ethics approval(s)

The protocol was reviewed by the Clinical Trial Advisory Panel of the Leukaemia Research Fund and was approved by the Wales Multicentre Ethics Committee as well as each institution's ethical committee.

Primary study design

Interventional

Study design

Randomised controlled trial

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Acute myeloid leukaemia or high-risk myelodysplastic syndrome

Interventions

Patients will be randomised between intensive and non-intensive chemotherapy at diagnosis.

Those in the intensive treatment arm will be randomised between 50 mg/m²/day daunorubicin versus 35 mg/m²/day daunorubicin and 200 mg/m²/day Ara-C versus 400 mg/m²/day. Patients in the lower dose daunorubicin arm will be further randomised between PSC833 versus control, i.e., no PSC833. After three courses of treatment, patients in the intensive arm will be randomised between short (three courses) versus long (four courses) consolidation therapy.

Patients in the non-intensive arm will be randomised between hydroxyurea and low-dose Ara-C and 45 mg/m²/day All-trans retinoic acid versus no retinoic acid.

Intervention Type

Drug

Phase

Phase IV

Drug/device/biological/vaccine name(s)

Daunorubicin

Primary outcome(s)

Added as of 10/12/2009:

1. Survival
2. Response achievement
3. Response duration

Key secondary outcome(s)

Added as of 10/12/2009:

1. Toxicity by WHO Toxicity Grading after each treatment course
2. Quality of life EORTC QLQ-C30 at 3 days, 1 month, 3 months, and 6 months from study entry
3. Resource use (use of blood products, antibiotics and days in hospital) after each treatment course

Completion date

01/11/2003

Eligibility**Key inclusion criteria**

Patients are eligible for AML 14 if:

1. They have one of the forms of acute myeloid leukaemia (this can be any type of the de novo or secondary AML, except acute promyelocytic leukaemia) or myelodysplastic syndrome (refractory anemia with excess blasts [RAEB], refractory anemia with excess blasts in transformation [RAEB-t], chronic myelomonocytic leukemia [CMML]) with more than 10% myeloblasts in the bone marrow
2. They should normally be aged 60 or over, but patients under this age are eligible if the more intensive therapy employed in the current trial for younger patients with AML is not considered a suitable option
3. They have given informed consent

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Senior

Sex

All

Key exclusion criteria

Added as of 10/12/2009:

1. Previously received cytotoxic chemotherapy for leukaemia
2. Acute promyelocytic leukaemia
3. In blast transformation of chronic myeloid leukaemia
4. Concurrent active malignancy
5. Patients with liver function test elevation greater than twice normal cannot receive Gemtuzumab Ozogamicin (Mylotarg) and are therefore not eligible for the non-intensive randomisation

Date of first enrolment

01/12/1998

Date of final enrolment

01/11/2003

Locations

Countries of recruitment

United Kingdom

Wales

Study participating centre

Department of Haematology

Cardiff

United Kingdom

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Sponsor information

Organisation

Leukaemia Research Fund (UK)

ROR

<https://ror.org/0055acf80>

Funder(s)

Funder type

Charity

Funder Name

Leukaemia Research Fund (UK)

Results and Publications

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?
Results article	results	15/03/2007		Yes	No
Plain English results				No	Yes