

A double-blind, placebo-controlled, parallel-arms dose response study of two doses of HRM4396 versus placebo for anaemia in subjects treated with chemotherapy

Submission date 12/06/2007	Recruitment status No longer recruiting	☐ Prospectively registered
Registration date 19/07/2007	Overall study status Completed	☐ Protocol
Last Edited 15/08/2008	Condition category Haematological Disorders	☐ 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

Contact name

Dr Chris Freitag

Contact details

Shire contact for trial - no PI was identified
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Additional identifiers

Protocol serial number

HMR4396B/3001

Study information

Scientific Title

Study objectives

Advanced cancer is frequently associated with significant anaemia. The causes of this anaemia are multi-factorial and may include the cytotoxic effects of chemotherapeutic agents on bone marrow.

Primary objective was to determine in anaemic cancer subjects treated with chemotherapy, the efficacy of 150 and 300 U/kg of subcutaneously injected HMR4396 compared to placebo based on haemoglobin and the percent of these subjects requiring red blood cell transfusions.

Ethics approval required

Old ethics approval format

Ethics approval(s)

This was a multi-national, multi-centre trial with 49 centres in the United States. The independent ethics committee from each of the sites approved the study before subjects were enrolled.

Study design

Phase III, randomised, multinational, double-blind, placebo-controlled, parallel arm study

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Anaemia

Interventions

The intervention was administration of HMR4396 at a dose of 150 U/kg or 300 U/kg compared to placebo. All study treatments were given three times weekly subcutaneously for 12 weeks.

Quality of life was evaluated using the Functional Assessment of Cancer Therapy - Anaemia (FACT-An) questionnaire.

Intervention Type

Drug

Phase

Phase III

Drug/device/biological/vaccine name(s)

HMR4396

Primary outcome(s)

The co-primary efficacy endpoints in this study were the determination of each subjects change in haemoglobin from baseline to week 12 and the occurrence of red blood cell transfusions during week 5 to 12 (yes/no). The primary analysis was based on the Intent-To Treat (ITT) population.

Key secondary outcome(s)

Secondary efficacy endpoints were:

1. Change in FACT-An fatigue subscale from baseline to week 12
2. Number of RBC transfusions received during weeks 5 - 12 (expressed as a rate per 28 days)
3. Number of RBC units transfused during weeks 5 - 12 (expressed as a rate per 28 days)
4. Change in Haematocrit (Hct) at week 12 when compared to baseline
5. Average Hgb during weeks 5 - 12
6. Rate of change of Hgb from baseline to first treatment interruption or to when a blood transfusion (red cell or whole blood) was first received
7. Average Hct during weeks 5 - 12
8. Rate of change of Hct from baseline to first treatment interruption or to when a blood transfusion (red cell or whole blood) was first received
9. Change in the total FACT-An score from baseline to week 12
10. Change in each non-fatigue subscale from baseline to week 12

Completion date

20/06/2002

Eligibility

Key inclusion criteria

1. Men or women, 18 years of age or older, with cancer except for acute leukaemias, malignancies of the myeloid cell line and myelodysplasia
2. Receiving cancer chemotherapy with at least two cycles remaining when randomised to study medication
3. Eastern Cooperative Oncology Group (ECOG) performance score of zero, one or two
4. Life expectancy of three months or greater
5. Haemoglobin (Hgb) less than or equal to 10.5 g/dL
6. Women were to be surgically sterile, post-menopausal (greater than one year) or using an effective method of birth control and were to have had a negative serum pregnancy test (quantitative human chorionic gonadotropin radioimmunoassay test) prior to study medication
7. Men had to agree to an effective method of contraception
8. Laboratory values within the following parameters:
 - 8.1. Neutrophils greater than 500 cells/mm³ (absolute value = $0.5 \times 1000/\text{mm}^3$ [as per Amendment 1])
 - 8.2. Platelets greater than 75,000 cells/mm³
 - 8.3. Creatinine less than 2.0 mg/dL
 - 8.4. Serum calcium less than 12 mg/dL
9. Serum ferritin at least 12 mg/mL and transferrin saturation at least 15% as determined by the prestudy evaluation
10. Stool occult blood (negative)
11. A desire and competence to self-administer the study drug or willing to come to the clinic three days each week for the duration of the study to receive study medication
12. Informed consent was obtained for subjects before enrolment in the study

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

Subjects meeting any of the following criteria were not to be included in the study:

1. History of any primary non-malignant hematologic disease
2. Clinically significant disease/dysfunction of the pulmonary, cardiovascular, endocrine, neurological, gastrointestinal, or genitourinary systems not attributable to underlying malignancy and making implementation of the protocol or interpretation of the study results difficult
3. Uncontrolled hypertension (i.e. diastolic Blood Pressure [BP] greater than 100 mmHg) at the prestudy evaluation
4. Evidence of folate or B12 deficiency defined as below the lower standard value for the central laboratory
5. Androgen therapy within two months of randomisation to study medication
6. Known hypersensitivity to erythropoietin
7. Known hypersensitivity to products derived from mammalian cell-culture systems
8. Experimental drug administered or experimental device used within 30 days prior to randomisation to study medication
9. Radiation therapy completed within four weeks before randomisation to study medication or extensive radiation therapy defined as more than 40% of marrow exposed in the radiation field completed within six weeks before randomisation to study medication
10. A malignancy requiring bone marrow transplant or stem cell transplant in the forthcoming 24 weeks (six months)
11. Bone marrow transplant or stem cell transplant recipients
12. Loss of blood requiring Red Blood Cell (RBC) transfusion within the last 30 days
13. Subjects known to be Human Immunodeficiency Virus (HIV) positive
14. Blood (500 ml) or equivalent serum donation during the last three months (as per Amendment 1)
15. Pregnant
16. Breast feeding
17. Treatment with other erythropoietins within the last 12 weeks before randomisation to study medication
18. Likelihood of requiring treatment during the study period with drugs not permitted by the study protocol
19. Clinically relevant cardiovascular disease requiring treatment, including but not limited to:
 - 19.1. Myocardial infarction in the preceding six months
 - 19.2. Cardiac arrhythmia
 - 19.3. Unstable angina

20. Current drug abuse

21. Impaired hepatic function, defined as prestudy value for Aspartate Transaminase (AST [SGOT]) or Alanine Transaminase (ALT [SGPT]) exceeding twice the upper limit of normal of the central laboratory values

22. A mental condition rendering the subject unable to understand the nature, scope and possible consequences of the study

23. Subjects unlikely to comply with protocol, e.g. uncooperative attitude, inability to return for follow-up visits, and unlikely to complete the study

Date of first enrolment

18/05/2000

Date of final enrolment

20/06/2002

Locations

Countries of recruitment

United Kingdom

England

United States of America

Study participating centre

Shire contact for trial - no PI was identified

Basingstoke

United Kingdom

RG24 8EP

Sponsor information

Organisation

Hoechst Marion Roussel (Shire Pharmaceuticals) (France)

ROR

<https://ror.org/02n6c9837>

Funder(s)

Funder type

Industry

Funder Name

Hoechst Marion Roussel (Shire Pharmaceuticals) (France)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration