Trial record **1 of 1** for: TUD-DELTA1-063

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A Randomized Placebo-controlled Phase 2 Study of Decitabine With or Without Eltrombopag in AML Patients (DELTA)

ClinicalTrials.gov Identifier: NCT02446145

Recruitment Status : Recruiting
First Posted : May 18, 2015
Last Update Posted : January 6, 2016

See **Contacts and Locations**

Sponsor:
Technische Universität Dresden

Collaborator:
Novartis

Information provided by (Responsible Party):
Technische Universität Dresden

Study Details | **Tabular View** | **No Results Posted** | Disclaimer

Study Description

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Brief Summary:

Acute myeloid leukemia (AML) is a disease with a poor prognosis including a 5-year overall survival (OS) of app. 20% for the entire population. In particular, the outcome of elderly patients with AML is dismal and the majority of patients die within the first year after diagnosis. This is also because treatment options for elderly patients with AML significantly differ from patients of younger age. In fact, comorbid conditions are common among the elderly such as heart disease, renal insufficiency and vascular disease thus influencing the ability to withstand intensive therapy. Elderly patients are also more likely than younger patients to develop severe, life threatening infections during the course of treatment. In addition to infectious complications, hemorrhages due to severe thrombocytopenia are responsible for morbidity and mortality in a considerable amount of patients. Compared with younger AML patients, elderly individuals with AML display a higher incidence of poor-prognosis karyotypes, of a preceding myelodysplastic syndrome (MDS), and greater expression of proteins involved in intrinsic resistance to chemotherapeutic agents. As a result conventional anthracycline based chemotherapy is only infrequently used in patients above the age of 65 years. Based on a recent randomized trial (Kantarjian et al. 2012) low-intensity epigenetic therapy with decitabine (DAC) has become the first-line standard of care in most European countries including Germany. Nevertheless, even with this treatment the 1-year OS is approximately 30 % only. Furthermore, severe thrombocytopenia is a main side effect of this therapy and can prevent adequate continuation of treatment being crucially for treatment success. Supportive care with platelet transfusions is effective primarily only over short periods and often requires hospitalization and therefore lowers the quality of life of these patients in their palliative situation. Therefore, patients could benefit from an approach aiming at an increase of platelet counts through combined use of DAC with an oral thrombopoietin receptor agonist like eltrombopag (EPAG). This could allow for a better adherence to DAC therapy by preventing dose delays due to prolonged thrombocytopenia. Additionally, the potential antileukemic effect of EPAG could also be beneficial for these AML patients.

Condition or disease	Intervention/treatment	Phase
Acute Myeloid Leukemia	Drug: Eltrombopag Drug: Placebo	Phase 2

Detailed Description:

The DELTA-trial is designed as a two-arm, double-blind, multicenter randomized-controlled phase- II study of EPAG or placebo in combination with standard-dose DAC treatment as concomitant medication in subjects at least 65 years of age with AML not eligible for intensive chemotherapy and planned therapy with Decitabine (DAC). Patients will be randomized 1:1 into the experimental study arm and the control study arm. EPAG 200 mg (100 mg for East

Asian patients) once daily has been selected as the starting dose for this study because this regimen has been investigated to be safe and potentially effective in increasing platelet counts in patients with AML. Concomitant medication with DAC will be according to the european label and the summary of product characteristics. There will be a dose adjustment of EPAG depending on the platelet counts obtained on day 1 of a planned DAC cycle.

Concomitant medication will be Decitabine (DAC) 20 mg/m2 i.v. over 30 minutes on days 1-5 of each cycle. One cycle lasts 28 days. Patients will receive medication as long as they benefit from treatment and in the absence of relevant adverse events indicating a treatment discontinuation; but for a maximum of 12 cycles. During Follow Up (up to 4 years) patient survival and first treatment change will be observed.

Study Design

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Study Type :	Interventional (Clinical Trial)
Estimated Enrollment :	238 participants
Allocation:	Randomized
Intervention Model:	Parallel Assignment
Masking:	Quadruple (Participant, Care Provider, Investigator, Outcomes Assessor)
Primary Purpose:	Treatment
Official Title:	A Randomized Placebo-controlled Phase 2 Study of Decitabine With or Without Eltrombopag in AML Patients ≥65 Years of Age Not Eligible for Intensive Chemotherapy
Study Start Date :	May 2015
Estimated Primary Completion Date :	May 2019
Estimated Study Completion Date :	May 2019

Resource links provided by the National Library of Medicine

Genetics Home Reference related topics:

- Core binding factor acute myeloid leukemia
- Cytogenetically normal acute myeloid leukemia
- Familial acute myeloid leukemia with mutated CEBPA

Drug Information available for: Decitabine
Eltrombopag

Genetic and Rare Diseases Information Center
resources: Myeloid Leukemia
Acute Myeloid Leukemia
Acute Non Lymphoblastic Leukemia

U.S. FDA Resources

Arms and Interventions

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Arm	Intervention/treatment
Experimental: Experimental intervention arm Eltrombopag daily from day 1: 200 mg/day p.o. (100 mg for east asian patients) dose modification 100 mg up to 300 mg/d p.o. (50 - 150 mg for east asian patients) • concomitant medication: Decitabine days 1-5 of each cycle: 20 mg/qm i.v. over 30 minutes • one cycle lasts 28 days	Drug: Eltrombopag Patients will receive EPAG in addition to their background standard treatment with Decitabine - concomitant medication: Decitabine days 1-5 of each cycle: 20 mg/qm i.v. over 30 minutes Other Name: Revolade
Placebo Comparator: Control intervention arm Placebo daily from day 1: 200 mg/day p.o. (100 mg for east asian patients) dose modification 100 mg up to 300 mg/d p.o. (50 - 150 mg for east asian patients) • concomitant medication: Decitabine days 1-5 of each cycle: 20 mg/qm i.v. over 30 minutes • one cycle lasts 28 days	Drug: Placebo Patients will receive Placebo in addition to their background standard treatment with Decitabine - concomitant medication: Decitabine days 1-5 of each cycle: 20 mg/qm i.v. over 30 minutes

Outcome Measures

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Primary Outcome Measures :

1. treatment change-free survival [Time Frame: up to 4 years]

   time from randomization until day one of the new disease modifying treatment or death as the primary endpoint of this study

Secondary Outcome Measures :

1. overall survival [Time Frame: up to 4 years]
2. relapse free survival [Time Frame: up to 4 years]
3. overall response rate [Time Frame: up to 4 years]
4. number of bone marrow blasts after 5, 9, and 12 months [Time Frame: screening, month 5, 9 and 12]
5. quality of life questionnaire (QLQ-C30) [Time Frame: screening, month 1, 3, 6, 9, 12]
6. Short Form questionnaire 36 (SF-36) [Time Frame: screening, month 1, 3, 6, 9, 12]
7. median platelet counts [Time Frame: month 1 - 12]
8. number of platelet transfusions [Time Frame: month 1 - 4]
9. incidence of serious adverse events (SAE) [Time Frame: up to 4 years]

   incidence of SAE including death, incidence of bleeding events and hospitalization rate and duration

Eligibility Criteria

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Information from the National Library of Medicine

Choosing to participate in a study is an important personal decision. Talk with your doctor and family members or friends about deciding to join a study. To learn more about this study, you or your doctor may contact the study research staff using the contacts provided below. For general information, Learn About Clinical Studies.

Ages Eligible for Study:	65 Years and older (Adult, Senior)
Sexes Eligible for Study:	All
Accepts Healthy Volunteers:	No

Criteria

Inclusion Criteria:

- Newly diagnosed AML (including therapy-related or with antecedent MDS) other than acute promyelocytic leukemia (APL) according to WHO criteria, i.e. bone marrow aspirate /

biopsy or peripheral blood must contain ≥20% blasts in AML defined by cytogenetic aberrations according to WHO the proportion of blasts may be <20%

- Age ≥ 65 years
- Eastern Cooperative Oncology Group performance status (ECOG) 0-3
- patients not eligible for intensive induction therapy (according to investigator's decision)
- planned therapy with DAC
- platelet count <75 Gpt/L taken within 4 weeks prior to randomization
- adequate liver function as assessed by the following laboratory requirements during screening (within 4 weeks prior to study inclusion):
  - Total bilirubin ≤ 3 times the upper limit of normal (except for Gilbert's Syndrome)
  - Alanine transaminase (ALAT) and Aspartate transaminase (ASAT) ≤ 3 times upper limit of normal
- signed Informed Consent

Exclusion Criteria:

- acute promyelocytic leukemia (APL)
- history of higher-risk MDS or AML treatment with thrombopoietin receptor (TPO-R) agonists, hypomethylating agents or intensive chemotherapy
- substance abuse, medical, psychological or social conditions that may interfere with the patient's participation in the study or evaluation of the study results
- treatment with an investigational drug within 30 days or 5 half-lives (whichever is longer) preceding to first dose of study mediation
- uncontrolled active infection
- New York Heart Association (NYHA) stage ≥ 2 due to heart insufficiency
- positive Human Immunodeficiency Virus (HIV) or Hepatitis B / C serology
- patients unable to swallow medication
- known immediate or delayed hypersensitivity reaction or idiosyncrasy to drugs chemically related to EPAG or DAC or excipients that contraindicates their participation

Contacts and Locations

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Information from the National Library of Medicine

To learn more about this study, you or your doctor may contact the study research staff using the contact information provided by the sponsor.

Please refer to this study by its ClinicalTrials.gov identifier (NCT number): ***NCT02446145***

Contacts

Contact: Julia Kalinka 0351 458 3089

Locations

Germany

Uniklinik RWTH Aachen Aachen, Germany Contact: Martina Crysandt, MD	**Recruiting**
Charite Campus Benjamin Franklin Berlin, Germany Contact: Claudia Baldus, Prof.	**Not yet recruitin**
Klinikum Chemnitz GmbH Chemnitz, Germany Contact: Mathias Hänel, MD	**Recruiting**
Universitätsklinikum Dresden Dresden, Germany Contact: Uwe Platzbecker, Prof.	**Recruiting**
Marienhospital Düsseldorf GmbH Düsseldorf, Germany Contact: Aristoteles Giagounidis, MD	**Not yet recruitin**
Universitätsklinikum Essen Essen, Germany Contact: Richard Noppeney, MD	**Recruiting**
Universitätsklinikum Halle (Saale) Halle, Germany Contact: Petra Tschanter, MD	**Recruiting**
St. Marien-Hospital Hamm Hamm, Germany Contact: Heinz A Dürk, MD	**Not yet recruitin**
Klinikum rechts der Isar der TU München München, Germany	**Not yet recruitin**

Contact: Katharina Götze, MD

Klinikum Nürnberg-Nord	**Recruiting**
Nürnberg, Germany	
Contact: Kerstin Schäfer-Eckart, MD	
Medizinisches Versorgungszentrum für Blut- und Krebserkrankungen	**Recruiting**
Potsdam, Germany	
Contact: Hartmut Linde, MD	
Wissenschaftskontor Nord GmbH & Co KG	**Not yet recruitin**
Rostock, Germany	
Contact: Andreas Lück, MD	
Diakonie-Klinikum Schwäbisch Hall gGmbH	**Recruiting**
Schwäbisch Hall, Germany	
Contact: Thomas Geer, MD	
Rems-Murr-Klinikum Winnenden	**Recruiting**
Winnenden, Germany	
Contact: Stefani Parmentier, MD	
Universitätsklinikum Würzburg	**Not yet recruitin**
Würzburg, Germany	
Contact: Volker Kunzmann, Prof.	

Sponsors and Collaborators

Technische Universität Dresden

Novartis

Investigators

Principal Investigator: Uwe Platzbecker, Prof. Universitätsklinikum Dresden Medizinische Kli

More Information

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Additional Information:

homepage of study group EXIT

Responsible Party: Technische Universität Dresden
ClinicalTrials.gov Identifier: NCT02446145 History of Changes
Other Study ID Numbers: **TUD-DELTA1-063**
2014-003150-13 (EudraCT Number)

First Posted:	May 18, 2015 Key Record Dates
Last Update Posted:	January 6, 2016
Last Verified:	January 2016

Additional relevant MeSH terms:

Leukemia, Myeloid, Acute
Leukemia, Myeloid
Leukemia
Neoplasms by Histologic Type
Neoplasms
Decitabine
Azacitidine
Antimetabolites, Antineoplastic
Antimetabolites
Molecular Mechanisms of Pharmacological Action
Antineoplastic Agents
Enzyme Inhibitors