Essai Clinique

Généré le 29 mars 2024 à partir de

Titre	A Phase 2/3 Multicenter, Open-label, 3-arm, 2-Stage Randomized Study of ASP2215 (Gilteritinib), Combination of ASP2215 Plus Azacitidine and Azacitidine Alone in the Treatment of Newly Diagnosed Acute Myeloid Leukemia With FLT3 Mutation in Patients Not Eligible for Intensive Induction Chemotherapy
Protocole ID	2215-CL-0201
ClinicalTrials.gov ID	NCT02752035
Type(s) de cancer	Leucémie myéloïde aiguë (LMA)
Phase	Phase II
Institution	CENTRE UNIVERSITAIRE DE SANTE MCGILL SITE GLEN 1001 boul. Décarie , Montréal, QC, H4A 3J1
Ville	Montréal
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Statut	Fermé
Date d'activation	21-11-2017
But étude	This is a clinical study for adult patients who have recently been diagnosed with acute myeloid leukemia or AML. AML is a type of cancer. It is when bone marrow makes white blood cells that are not normal. These are called leukemia cells. Some patients with AML have a mutation, or change, in the FLT3 gene. This gene helps leukemia cells make a protein called FLT3. This protein causes the leukemia cells to grow faster. For patients with AML who cannot receive standard chemotherapy, azacitidine (also known as Vidaza®) is a current standard of care treatment option in the United States. This clinical study is testing an experimental medicine called ASP2215, also known as gilteritinib. Gilteritinib works by stopping the leukemia cells from making the FLT3 protein. This can help stop the leukemia cells from growing faster. This study will compare three different treatments. Patients are assigned to one of these three groups by chance: an experimental medicine gilteritinib, a different medicine called azacitidine, also known as Vidaza®, or both medicines (azacitidine and gilteritinib) together. The clinical study may help show which treatment helps patients live longer.
Critères d'éligibilité	• Subject is considered an adult according to local regulation at the time of obtaining informed consent. • Subject has a diagnosis of previously-untreated AML according to World Health Organization (WHO) classification [Swerdlow et al, 2008] as determined by pathology review at the treating institution. • Subject is positive for FLT3 mutation (internal tandem duplication [ITD] or tyrosine kinase domain [TKD] [D835/I836] mutation) in bone marrow or whole blood as determined by central laboratory. Note: Only applicable to the randomization portion. • Subject is ineligible for intensive induction chemotherapy by meeting at least 1 of the following criteria: • Subject is ≥ 75 years of age. • Subject has any of the following comorbidities: • Congestive heart failure (New York Heart Association {NYHA} class ≤ 3) or ejection fraction (Ef) ≤ 50%; • Creatinine > 2 mg/dL (177 µmol/L), dialysis or prior renal transplant; • ECOG performance status ≥ 3; • Prior or current malignancy that does not require concurrent treatment; • Subject has received a cumulative anthracycline dose above 400 mg/m2 of doxorubicin (or cumulative maximum dose of another anthracycline). • Subject must meet the following criteria as indicated on the clinical laboratory tests:

	• Serum AST and ALT ≤ 2.5 x Institutional upper limit of normal (ULN) • Serum total bilirubin ≤ 1.5 x Institutional ULN • Serum potassium ≥ Institutional lower limit of normal (LLN) • Serum magnesium ≥ Institutional LLN • Subject is suitable for oral administration of study drug. • Female subject must either: • Be of nonchildbearing potential: • Postmenopausal (defined as at least 1 year without any menses) prior to screening, or • Documented surgically sterile or status posthysterectomy (at least 1 month prior to screening) • Or, if of childbearing potential, • Agree not to try to become pregnant during the study and for 180 days after the final study drug administration • And have a negative urine or serum pregnancy test at screening • And, if heterosexually active, agree to consistently use 2 forms of effective contraception per locally accepted standards, 1 of which must be a barrier method, starting at screening and throughout the study period and for 180 days after the final study drug administration. • Female subject must agree not to breastfeed starting at screening and throughout the study period, and for 60 days after the final study drug administration. • Female subject must not donate ova starting at screening and throughout the study period, and for 180 days after the final study drug administration. • Male subject and their female partners who are of childbearing potential must be using 2 forms of effective contraception per locally accepted standards, 1 of which must be a barrier method, starting at screening and continue throughout the study period, and for 120 days after the final study drug administration. • Male subject must not donate sperm starting at screening and throughout the study period and for 120 days after the final study drug administration. • Subject agrees not to participate in another interventional study while on treatment.
Critères d'exclusion	• Subject was diagnosed as acute promyelocytic leukemia (APL). • Subject has BCR-ABL-positive leukemia (chronic myelogenous leukemia in blast crisis). • Subject has received previous therapy for AML, with the exception of the following: • Emergency leukapheresis • Hydroxyurea for ≤ 14 days • Preemptive treatment with retinoic acid prior to exclusion of APL ≤ 7 days • Growth factor or cytokine support • Steroids for the treatment of hypersensitivity or transfusion reactions, nausea/vomiting or pain • Subject has clinically active central nervous system leukemia. • Subject has been diagnosed with another malignancy that requires concurrent treatment or hepatic malignancy regardless of need for treatment. • Subject has clinically significant coagulation abnormality unless secondary to AML. • Subject has had major surgery within 4 weeks prior to the first study dose. • Subject has radiation therapy within 4 weeks prior to the first study dose. • Subject requires treatment with concomitant drugs that are strong inducers of cytochrome P450 CYP3A. • Subject requires treatment with concomitant drugs that are strong inhibitors or inducers of P-gp with the exception of drugs that are considered absolutely essential for the care of the subject. • Subject requires treatment with concomitant drugs that target serotonin 5HT1R or 5HT2BR or sigma nonspecific receptor with the exception of drugs that are considered absolutely essential for the care of the subject. • Subject has congestive heart failure classified as New York Heart Association Class IV. • Subject with mean Fridericia-corrected QT interval (QTcF) > 450 ms at screening based on central reading. • Subject with a history of Long QT Syndrome at screening. • Subject has known pulmonary disease with diffusion capacity of lung for carbon monoxide (DLCO) ≤ 65%, forced expiratory volume in the first second (FEV1) ≤ 65%, dyspnea at rest or requiring oxygen or any pleural neoplasm (Transient use of supplemental oxygen is allowed.) • Subject has an active uncontrolled infection. If an infection is present, the patient must be receiving definitive therapy and have no signs of progressing infection. Progressing infection is defined as hemodynamic instability attributable to sepsis or new symptoms, worsening physical signs or radiographic findings attributable to infection. Persisting fever without other signs or symptoms will not be interpreted as progressing infection. • Subject is known to have human immunodeficiency virus infection. • Subject has active hepatitis B or C or other active hepatic disorder. • Subject has any condition which makes the subject unsuitable for study participation, including any contraindications of azacitidine.