Improving the treatment and the lives of patients with blood cancers through clinical trial research

AUSTRALASIAN LEUKAEMIA AND LYMPHOMA GROUP

Trials Newsletter No 11

April 2016

This newsletter is published approximately every two months and provides update information on the ALLG trial program. Other ALLG activities are covered in the general newsletter published three times a year. To see the latest issue click HERE.

Trial data - please send to the ALLG

Thank you to all sites who have noted our contact details change with the move to the Elizabeth Street premises in 2014, and now send all mail, faxes and emails direct to the ALLG.

A small amount of information is still being sent to BaCT at Peter MacCallum Cancer Centre. From 6th April, 2016, BaCT commenced returning receipted documents to sender. Sites have been notified and studies that require safety reporting have been updated with new contact details. It should be noted that BaCT contact details will cease to work when they move premises to Parkville as part of the VCCC.

ALLG Trial Centre

Fax: +61(0)3 9429 8277

Ground floor
35 Elizabeth St
Richmond, Vic 3121

Thank you for your ongoing cooperation. If you have any queries please contact Megan Sanders, ALLG Program Manager on megan.sanders@allg.org.au or +61 3 8373 9707.

THE CORRECT FAX NUMBER AND ADDRESS OF THE ALLG ARE ABOVE - PLEASE NOTE THEM

Milestones

- **MM16 SECOND COHORT OPENED 2 MARCH 2016**
- **AMLM20 ACCRUAL ON HOLD 5 MARCH PENDING NEW ARM OPENING**
- **MM13 CLOSED TO ACCRUAL 10 MARCH 2016 REACHED TARGET ACCRUAL**

Expressions of Interest

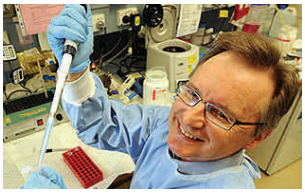
The ALLG Trial Centre is currently calling for Expressions of Interest for trial participation. Please contact us as follows:

TRIAL	PI	Contact person	Period for EOI
CML12 A single arm phase II study to individualize dasatinib dosing based on trough levels and molecular response to maintain efficacy whilst minimising toxicity	David Yeung, Tim Hughes, Andrew Grigg	Drazenka Macic	EOI open, to close beginning May
MM17 A multicentre single arm study of carfilzomib-thalidomide-dexamethasone (CarTD) for newly diagnosed transplant-eligible multiple myeloma (MM) patients refractory to initial bortezomib-based induction therapy	Andrew Spencer	Nola Kennedy	EOI open (places remaining - contact Nola)
CLL07 An Australasian, phase II, multicentre, randomised, study investigating efficacy and safety for dose reduced fludarabine, cyclophosphamide and iv obinutuzumab (G-FC3) vs oral chlorambucil and iv obinutuzumab (G-Clb) in previously untreated, comorbid (CIRS score ≥6), elderly (≥65 years old) patients with CLL	Stephen Mulligan, Xavier Badoux Con Tam	Kerina Princi	EOI closed (places remaining - contact Kerina)
AMLM21 A phase Ib/II clinical evaluation of Ponatinib in combination with 5-azacitidine in patients failing prior therapy for FLT3-ITD positive acute myeloid leukaemia	Andrew Wei	Amanda Lane	EOI closed (places remaining - contact Amanda)
MM18 Single arm, multicentre study of Carfilzomib in combination with Thalidomide and Dexamethasone (CaTD) in patients with relapsed and/or refractory multiple myeloma (RRMM)	Hang Quach	Andrew Budniak	EOI closed

Trials news

CML/Myeloproliferative Neoplasms Disease Group

CML/MPN Disease Group Chair
Con Tam



CML9

CIs: Tim Hughes, Andrew Grigg, David Yeung

CRA: Tracey Gerber

This is one of the most important trials ever undertaken by the ALLG. Conducted at 27 sites the trial accrued 210 patients between November 2007 and March 2011. The trial has already generated a number of publications. Thank you to sites who have made an effort to get their data up to date. We are still targeting a May analysis for an ASH abstract so please get your CRFs in and continue to answer queries. **It will be fabulous to see this trial brought to its proper conclusion!**

CML12 A single arm phase II study to individualize dasatinib dosing based on trough levels and molecular response to maintain efficacy whilst minimising toxicity New!

Co-Chairs:
Tim Hughes
David Yeung

CIs: David Yeung, Tim Hughes, Andrew Grigg

CRA: Drazenka Macic

This trial is now in set-up at the ALLG Trial Centre. EOI for participation were sent out in early April and will close by the beginning of May. The aim is for 10-15 participating sites. For more information contact Amanda.

CML11

CIs: Tim Hughes, David Yeung, Andrew Grigg

CRA: Kerina Princi

A total of 32 patients (out of a target of 100) have been accrued to this trial and 10 sites have been activated. **So the next big step is to screen and enter your patients! More rapid accrual means a timely trial outcome, so please remember this trial when new CML patients attend.** Registration of patients remains paper based, but all remaining data collection is via eCRF. Please enter data from your patients within 5 working days of the patient visit. This ensures the database is current and facilitates the study safety reporting requirements.

Aggressive NHL/HL Disease Group

High grade NHL/HL Disease Group

Chair:
Mark Hertzberg

Co-Chair:
Peter Mollee

NHL25

CI: Judith Trotman

CRA: Christine Vergara

The pressure is really on to complete data collection for this trial as **database lock will be on 30 June.** Most sites have submitted all CRFs with only a few outstanding queries still pending resolution. Sample collection is complete. In order to perform final analysis, it is important that all sites submit outstanding imaging data (PET and CT scans) by 15 April.

NHL24

CI: Samar Issa

CRA: Kerina Princi

The ALLG has now accrued 40 patients to this trial, with the most recent being from Middlemore Hospital in NZ. The international total accrual is currently 190 patients. With a trial target accrual of 200, it expected that the trial may close in the next 3-4 months. **All participating sites are encouraged to continue screening so as to maximise our contribution to this trial**.

Acute Leukaemia/MDS Disease Group

Acute Leukaemia/

NATIONAL BLOOD CANCER REGISTRY (FORMERLY AMLM18)

CI: Andrew Wei

CRA: Amanda Jager

The AMLM18 Registry has now been renamed the National Blood Cancer Registry. Thank you to all the sites for their support in transitioning from paper to electronic CRFs. Please make sure to submit all requested documentation as soon as you are able to re-

ceive your eCRF access.

AMLM16

CI: Andrew Wei

CRA: Andrew Budniak

The TMC is currently reviewing data for a possible interim analysis. It is important that any Response CRFs which have not been submitted are completed and sent in. Recruitment is steady, but behind target, so **please think about AMLM16 and the number of participants quoted in your CTRA/EOI when you identify patients with FLT3 negativity.**

AMLM15

CI: Andrew Wei

CRA: Amanda Jager

Data cleaning activities are currently underway for the main analysis of this trial. Please submit all outstanding CRFs and answer all outstanding data queries as soon as possible for data requested up until the end of April 2016.

AMLM20

CI: Andrew Wei

CRA: Drazenka Macic

Ganetespib is no longer an available arm on this trial. ALLG recruitment is temporary on hold while HREC approval for another comparator arm (tosedostat) is secured. Once we have ethics approval the UK will authorise shipment of tosedostat drug supply to Australia. Sites progressing governance applications should continue to do so.

AMLM21

CI: Andrew Wei

CRA: Amanda Lane

Eight sites have been selected for participation in the study with places for two additional sites available. The Alfred is expected to be activated soon, and accrual will likely open in May. Other sites are going through set up procedures and should come on board soon after.

MDS4

CI: Melita Keneally

CRA: Marlyse Debrincat

Last patient, last visit for this study occurred in March and the censor date has been set at 15 March 2016. Please remember to use the new follow-up forms (F1,F2,F3) when completing follow-up visits. We are now entering the exciting phase of this trial as it's prepared for final analysis. Please ensure that all outstanding CRFs and queries are completed as soon as possible to assist with data cleaning.

AMLM12

CI: Ken Bradstock

CRA: Marlyse Debrincat

This study is now being managed by Marlyse Debrincat at the

ALLG Trial Centre. **All queries should now be directed to her.** The manuscript is now being prepared and sites will be contacted in due course for closeout procedures.

Low grade NHL/CLL Disease Group

NHL/CLL Disease Group Chairs: Stephen Mulligan, Judith Trotman

CLL7

CIs: Stephen Mulligan, Xavier Badoux, Con Tam

CRA: Kerina Princi

There are now 5 patients recruited to this trial, with 9 sites activated. Please make sure you enter data in the eCRF within 5 working days of the patient visit. This ensures the database is current and facilitates the study safety reporting requirements. There are still places open for participation in this trial and any sites that are interested should progress the documentation so that they can be activated as soon as possible.

CLL5

CIs: Stephen Mulligan

CRA: Kerina Princi

While the first analysis of this trial is complete, in order to create a high impact publication, the patients need to be followed for more than 12 months. Plans are underway to collect longer follow up data and a letter has been sent to sites to submit to HRECs to allow this. Please let us know the outcome of this letter as soon as possible. The protocol amendment will be reviewed at the April SDMC meeting and will be disseminated to the sites soon after that.

CLL6

CIs: David Gottlieb, Con Tam, Stephen Mulligan

CRA: Andrew Budniak

This trial is now only a couple of participants away from the 100th patient interim analysis and the plan is to submit an abstract to ASH later covering level of drug response and survival status. We therefore need the data quickly so that the analysis can be carried out in early June. Andrew will notify you of the date of randomisation for the 100th participant. Please complete CRFs for the first visit after that date as soon as reasonably possible.

NHL26

CIs: Judith Trotman

CRA: Suzanne Cake

NHL26 RePLY is a world-first study of PET-adapted therapy in relapsed FL, using R2 (rituximab plus lenalidomide) as consolidation therapy. Of the plethora of studies combining novel agents with rituximab, lenalidomide is the only such novel immunomodulatory agent demonstrating both safety and efficacy in the majority of treated patients. **Despite the compelling scientific and clinical merit of NHL26 : the efficacy data and safety profile of R2; access to PET scans in a non-reimbursed environment; reassurance of post-**

induction PET- scans; and potential benefit to PET+ patients with a poor prognosis, recruitment to the NHL26 study remains slow with only 14 patients to date.

Nonetheless, a high proportion of study patients have been assessed as PET+ after re-induction chemotherapy, suggesting that it may be possible to close accrual after another 10 PET+ patients. We urge investigators to alert study coordinators to the existence of any patients commencing chemotherapy with relapsed FL so they can track them during their re-treatment course for study screening during their final chemotherapy cycle. **It is critical that these patients do not have a PET assessment at the completion of re-induction therapy until they are registered to NHL26.** We also strongly encourage cross-referral from non-participating sites - this also receives a separate cross-referral payment.

BMT Disease Group

BMT Disease Group Chair:
Ian Lewis

BM06

CI: David Ritchie

CRA: Marlyse Debrincat

The BM06 study steering committee meeting occurred in February 2016. During this meeting, it was decided that inclusion will cease as of 1 June as the target of including 320 pts into the study will be reached soon. There is also a plan to submit an abstract to ASH this year.

Myeloma Disease Group

Multiple Myeloma Disease Group Co-Chair:
Peter Mollee

Co-Chair:
Hang Quach

MM16

CI: Joy Ho

CRA: Suzanne Cake

Recruitment to this trial has been on hold, but was reactivated for the second cohort of patients on 2 March. Following a planned interim review of the first 10 patients, the TMC assessed safety data and concluded that enrolment of the second cohort could proceed at a higher dose of Carfilzomib.

MM17 A multicentre single arm study of carfilzomib-thalidomide-dexamethasone (CarTD) for newly diagnosed transplant-eligible multiple myeloma (MM) patients refractory to initial bortezomib-based induction therapy New!

CI: Andrew Spencer

CRA: Nola Kennedy, Alfred Clinical Research Centre

About 10 sites have been selected to go ahead with this trial. Some sites who expressed interest could not meet the requirement of guaranteed next day delivery by Express Post. The MRD testing and reporting are an integral part of the protocol and unfortunately there is currently no way to assist these sites to participate. If sites can identify solutions to this obstacle they should contact Nola to discuss the matter.

There is room for more sites, as up to 15 can participate. If you have not participated in ALLG MM trials in the past, but are interested in this trial, please contact Nola.

MM18 Single arm, multicentre study of Carfilzomib in combination with Thalidomide and Dexamethasone (CaTD) in patients with relapsed and/or refractory multiple myeloma (RRMM)

CI: Hang Quach

CRA: Andrew Budniak

Thank you to all sites who sent in expressions of interest for this trial - we received over 40! Unfortunately we were only able to accept 15 onto the trial. We look forward to receiving essential documents from sites and organising SIVs. It is anticipated the first site will be activated in the near future.

MM13

CI: Peter Mollee

CRA: Andrew Budniak

The trial closed 10 March 2016 having reached the accrual target of 110 participants. **Congratulations and thank you to all sites involved in recruitment.** For those sites, please ensure that all CRFs and DCFs are complete. This will result in the final payment of funds to you for that participant.

This newsletter was edited by Janey Stone and approved by Delaine Smith and Megan Sanders.

Questions or comments? E-mail us at info@allg.org.au