A Post-Authorisation Long-Term Retrospective Safety Cohort Study of Arsenic Trioxide in First Line Low- to Intermediate-Risk Acute Promyelocytic Leukaemia (APL) Patients

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Study | Ongoing

Administrative details

PURI
https://redirect.ema.europa.eu/resource/36422

EU PAS number
EUPAS36320

Study ID
36422

DARWIN EU® study
No

Study countries
France
Germany
Italy
Poland
Spain
United Kingdom

Study description
The primary objective of this study is to assess the long-term safety of arsenic trioxide (ATO) in acute promyelocytic leukemia (APL) patients when used in combination with all

trans retinoic acid (ATRA) in a real-world setting. The secondary objective is to describe the effectiveness and safety of different dosing regimens of ATO in APL patients. This will be a retrospective cohort study using data from existing multinational prospective APL registries conducted in European countries where the product will be marketed as first-line therapy. Participants will be newly diagnosed, low-to-intermediate risk APL patients aged ? 18 years receiving first line treatment with ATRA+ATO or ATRA+chemotherapy. Cases of high risk APL (WBC count >10x10^3/µl) and APL relapse will be excluded. Approximately 640 patients will be included over a period of 5 years. Patient follow-up will begin at treatment initiation and will end either: after 5 years, upon loss to follow-up, or death, whichever occurs first. Assuming an attrition rate of 4% every 6 months, we estimate that durations of follow-up will be: 85 patients for 5 years, 184 for 4 years, 300 for 3 years, 436 for 2 years and 590 for 1 year. Study variables include: demographics, body weight, adverse events of special interest: differentiation syndrome, creatinine (renal and urinary disorders), bilirubin (hepatobiliary disorders), aspartate amino transferase/alanine amino transferase ratio (hepatobiliary disorders), neurotoxicity, hemorrhage, sepsis (Infections and infestations), QTc prolongation and cardiac events including congestive heart failure, unexpected serious adverse events including grading and relationship, development of secondary malignancies, development of therapy-related myelodysplastic syndrome and acute myeloid leukemia, death, and cause of death. Incidence rates of primary and secondary endpoints will be assessed and summary statistics will be reported. Analyses will be performed by dosing schedule.

Study status
Ongoing

Research institution and networks

Institutions

Kantar Health
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Institution

Contact details

Study institution contact
Natan Kahan
Study contact

natan.kahan@teva.co.il
Primary lead investigator

Natan Kahan
Primary lead investigator

Study timelines

Date when funding contract was signed
Planned:
01/01/2020

Study start date
Planned:
01/07/2020
Actual:
07/07/2020

Date of final study report
Planned:
30/06/2025

Sources of funding

- Pharmaceutical company and other private sector

More details on funding

Teva

Regulatory

Was the study required by a regulatory body?
Yes

Is the study required by a Risk Management Plan (RMP)?
EU RMP category 3 (required)

Methodological aspects

Study type

Study type list

Study type:
Non-interventional study

Scope of the study:
Assessment of risk minimisation measure implementation or effectiveness
Effectiveness study (incl. comparative)

Main study objective:
To assess the long-term safety of ATO in newly diagnosed low-to- intermediate risk APL patients when used in combination with ATRA in a real-world clinical practice setting.

Study Design

Non-interventional study design
Cohort

Study drug and medical condition

Study drug International non-proprietary name (INN) or common name
ALITRETINOIN
ARSENIC TRIOXIDE

Medical condition to be studied
Acute promyelocytic leukaemia

Population studied

Age groups
Adults (18 to < 46 years)
Adults (46 to < 65 years)
Adults (65 to < 75 years)
Adults (75 to < 85 years)
Adults (85 years and over)

Estimated number of subjects
640

Study design details

Outcomes
differentiation syndrome, creatinine, bilirubin, aspartate amino transferase/alanine amino transferase ratio, neurotoxicity, hemorrhage, sepsis, QTc prolongation, cardiac events, congestive heart failure, unexpected serious adverse events including grading and relationship, secondary malignancies, development of therapy-related myelodysplastic syndrome and acute myeloid leukemia, death

Data analysis plan
The incidence rate of endpoints of interest will be assessed and summary statistics for the incidence of these outcomes will be reported. Analysis will be performed by dose and treatment schedule.

Data management

Data sources

Data sources (types)
Disease registry

Use of a Common Data Model (CDM)

CDM mapping
No

Data quality specifications

Check conformance
Unknown

Check completeness
Unknown

Check stability
Unknown

Check logical consistency
Unknown

Data characterisation

Data characterisation conducted
No