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 institutions and networks

Institutions

Kantar Health

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Institution

Contact details

Study institution contact

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Study contact

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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:

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

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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