A Clinical Study to Test the Effects of Ruxolitinib And Thalidomide Combination for Patients With Myelofibrosis

CLINICALTRIALS.GOV IDENTIFIER	RECRUITMENT STATUS	FIRST POSTED	LAST UPDATE POSTED
NCT03069326	RECRUITING	MARCH 3, 2017	SEPTEMBER 2, 2020

STUDY DESCRIPTION

Brief Summary

The purpose of this study is to test any good and bad effects of the study drugs called ruxolitinib and thalidomide. Ruxolitinib and thalidomide could shrink the cancer, but it could also cause side effects.

Condition or Disease: Myelofibrosis

Intervention/treatment: Drug: Ruxolitinib
Drug: Thalidomide

Phase: Phase 2

DETAILED DESCRIPTION

N/A

STUDY DESIGN

Study Type: Interventional

Estimated Enrollment : 30 participants

Intervention Model : Single Group Assignment

Masking: None (Open Label) ()

Primary Purpose: Treatment

Official Title: Evaluation of Ruxolitinib And Thalidomide Combination as a Therapy for Patients With Myelofibrosis

Actual Study Start Date: February 2017

Estimated Primary Completion Date: February 2021

Estimated Study Completion Date: February 2021

ARMS AND INTERVENTIONS

Arm	Intervention/treatment
Experimental: Ruxolitinib and Thalidomide After 3 cycles of ruxolitinib treatment, either prior to study enrollment or through the ruxolitinib run-in phase, patients who meet eligibility criteria will be treated with ruxolitinib and thalidomide orally on days 1-28 of a 28 day cycle. Cycles will be continued until the patient wishes to be removed from the study, unacceptable toxicity develops, disease progression, treating physician recommends removal, or termination of study occurs.	Drug: Ruxolitinib Ruxolitinib will be given orally in an outpatient setting unless the patient is being seen inpatient for another reason. Ruxolitinib will be given continuously orally daily in 28-day cycles. Drug: Thalidomide Thalidomide will be given orally in an outpatient setting unless the patient is being seen inpatient for another reason. thalidomide will be given continuously orally daily in 28-day cycles.

OUTCOME MEASURES

Primary Outcome Measures: 1. best objective response rate (ORR) [Time Frame: 1 year]
(ORR; complete response, partial response, and clinical improvement by IWG-MRT) in the first six cycles of the combination therapy. Clinical improvement for this endpoint will be defined as the change in anemia, spleen, and symptom response from the time of the initiation the combination therapy. The ORR will be defined as the best response by the completion of cycle 6 of combination therapy.

ELIGIBILITY CRITERIA

Ages Eligible for Study: 18 Years and older (Adult, Older Adult)

Sexes Eligible for Study: All

Accepts Healthy Volunteers: No

Criteria

Inclusion Criteria:
- Diagnosis of myelofibrosis (either primary or post essential thrombocythemia/polycythemia vera) requiring therapy, including those previously treated and relapsed or refractory, or if newly diagnosed, with intermediate-1 or -2 or high risk according to International Working Group (IWG) criteria.
- Patients taking Ruxolitinib at the time of enrollment must have been taking Ruxolitinib for a minimum of 3 months, and must have been on a stable dose of Ruxolitinib for a minimum of 4 weeks immediately prior to enrollment.
- Patients taking Ruxolitinib at the time of enrollment must be deemed to have had a suboptimal response (less than partial response per IWG criteria) to Ruxolitinib single-agent therapy or deemed to have progression of disease (per IWG criteria).
- Age ≥ 18 years at the time of signing the informed consent.
- ECOG performance status 0 to 2.
- Patients must have adequate organ function as demonstrated by the following:
1. Total bilirubin ≤ 2.0 mg/dL, unless due to Gilbert's disease
2. Serum creatinine ≤ 2.0 mg/dL.
3. ALT and AST ≤ 3 x upper limit of normal (unless the transaminitis is considered to be related to MF
- Females of childbearing potential (FCBP)† must have a negative serum or urine pregnancy test with a sensitivity of at least 50 mIU/mL within 14 days prior to and again within 24 hours* of starting Thalidomide and must either commit to continued abstinence from heterosexual intercourse or begin TWO acceptable methods of birth control, one highly effective method and one additional effective method AT THE SAME TIME, at least 4 weeks before she starts taking Thalidomide. FCBP must also agree to ongoing pregnancy testing. Men must agree to use a condom during sexual contact with a female of child bearing potential even if they have had a successful vasectomy. All patients must be counseled at a minimum of every 28 days about pregnancy precautions and risks of fetal exposure.
- All study participants must be registered into the mandatory REMS® program, and be willing and able to comply with the requirements of REMS®
- Platelets ≥ 50000/uL and ANC ≥ 1000
- All study participants must be able to swallow oral medication
Exclusion Criteria:
- Use of any other standard anti-neoplastic drug or growth factor (e.g., anagrelide, G-CSF, revlimid, clofarabine) except hydroxyurea or experimental drugs, with the exception of Ruxolitinib, less than 14 days or 5-half lives prior to starting study therapy and/or lack of recovery from all toxicity from previous therapy to grade 1 or better.
- Known prior clinically relevant hypersensitivity reaction to Thalidomide, including the development of erythema nodosum if characterized by a desquamating rash.
- Prior therapy with Thalidomide in combination with Ruxolitinib
- Any serious medical condition, laboratory abnormality, or psychiatric illness that would prevent the subject from signing the informed consent form, which places the subject at unacceptable risk if he/she were to participate in the study or which confounds the ability to interpret data from the study.
- Lactating females.
- Known positive for HIV or hepatitis B or C per institutional standard of care
- Participants with prior history of thromboembolic disease (i.e. deep venous thrombosis (DVT) or pulmonary embolism (PE) within the last six months, as Thalidomide has demonstrated an increased risk of DVT or PE
- Known to have a hypercoagulability syndrome (e.g.: antithrombin III, deficiency, anticardiolipin syndrome etc).
- Concurrent use of any strong inducers or strong inhibitors of CYP3A4. (See Appendix F for a list of prohibited and cautionary CYP3A4 inhibitors and inducers)
- Patients with active malignancy of other type than required for this study are not eligible with the exception of currently treated basal cell, squamous cell carcinoma of the skin, or carcinoma "in situ" of the cervix or breast. Patients with malignancies with indolent behavior such as prostate cancer treated with radiation or surgery can be enrolled in the study as long as they have a reasonable expectation to have been cured with the treatment modality received.

CONTACTS AND LOCATIONS

Contacts

Contact:
Contact:

Locations

United States, New Jersey	Memorial Sloan Kettering Monmouth	Middletown
United States, New Jersey	Memorial Sloan Kettering Bergen	Montvale
United States, New York	Memorial Sloan Kettering Commack	Commack
United States, New York	Memorial Sloan Kettering Westchester	Harrison
United States, New York	Memorial Sloan Kettering Cancer Center	New York
United States, New York	Memorial Sloan Kettering Nassau	Uniondale
United States, Texas	Md Anderson Cancer Center	Houston

Sponsors and Collaborators

Memorial Sloan Kettering Cancer Center

Incyte Corporation

Celgene

M.D. Anderson Cancer Center

Investigator

Principal Investigator : Raajit Rampal, MD, PhD Memorial Sloan Kettering Cancer Center

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MORE INFORMATION

Responsible Party :	Memorial Sloan Kettering Cancer Center
ClinicalTrials.gov Identifier :	NCT03069326
Other Study ID Numbers :	16-1498
First Posted :	March 3, 2017
Last Update Posted :	September 2, 2020
Last Verified :	August 2020
Studies a U.S. FDA-regulated Drug Product:	Yes
Studies a U.S. FDA-regulated Device Product:	No
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Additional relevant MeSH terms :	*Primary Myelofibrosis*