KURZPROTOKOLL
DSMMXIV

Öffentlicher Titel	Lenalidomid, Dexamethason plus Adriamycin oder Bortezomib bei de novo MM
Wissenschaftl. Titel	Lenalidomide, Adriamycin, Dexamethasone (RAD) Versus Lenalidomide, Bortezomib, Dexamethasone (VRD) for Induction in Newly Diagnosed Multiple Myeloma followed by Response-adapted Consolidation and Lenalidomide Maintenance - A Randomized Multicenter Phase III Trial by Deutsche Studiengruppe Multiples Myelom (DSMM XIV)
Kurztitel	DSMMXIV
Studienart	multizentrisch, prospektiv, randomisiert, offen/unverblindet, zweiarmig, Investigator Initiated Trial (IIT)
Studienphase	Phase III
Erkrankung	Blut: Multiples Myelom: neu diagnostiziert / de novo
Ziele	- To compare CR rate to two induction regimens (one novel agent [RAD] vs. two novel agents [VRD]) in newly diagnosed MM patients and to determine PFS following consolidative treatment. - To assess long-term efficacy and safety of the treatment regimen. - To assess quality of life in terms of frequency and duration of hospitalization as well as toxicity during different means of consolidation .
Einschlusskriterien	- Understand and voluntarily sign an informed consent form. - Age >=18 and <= 65 years at the time of signing the informed consent form. - Eligible for autologous and allogeneic stem cell transplantation - Must not have been previously treated with any prior systemic therapy for the treatment of multiple myeloma (dexamethasone at a cumulative dose of 320 mg; plasmapheresis/dialysis without concomitant chemotherapy, local irradiation of bone lesions; and surgical intervention is accepted as pretreatment) - Newly diagnosed multiple myeloma with the diagnostic criteria as follows: a) Monoclonal plasma cells in the bone marrow >= 10% (histology) and/or biopsy-proven plasmacytoma; b) Monoclonal protein present in serum and/or urine on immunofixation; c) Myeloma-related organ dysfunction, at least one of: [C] Calcium elevation in the serum (> 11.5 mg/dL or upper limit of normal); [R] Renal insufficiency (creatinine > 2 mg/dL); [A] Anemia (Hb < 10 g/dL or 2 g/dL < normal); [B] Bone lesions or general osteoporosis; or symptomatic hyperviscosity; or recurrent bacterial infection (>= 2 per year) and measurable disease parameters as follows: Serum monoclonal paraprotein (M-component) level >= 1 g/dL and/or urine M-protein level >= 200 mg/24 hours. For patients with no detectable M-component: Serum FLC assay: Involved FLC level >= 10 mg/dl (>= 100 mg/l) provided serum FLC ratio is abnormal. - Cardiac ejection fraction (LVEF) of at least 50% assessed by 2-d echocardiography within 28 days prior to first cycle of RAD or VRD - Corrected DLCO of at least 50% of age-matched controls; alternatively pO2 [art.] of at least 70 mmHg - Karnofsky performance status of greater or equal to 50% (see Appendix III) - Laboratory test results within these ranges: a) Absolute neutrophil count >= 1.0 x 10^9/L; b) Platelet count >= 75 x 10^9/L; c) Hemoglobin >= 8 g/dL; d) Calculated creatinine clearance (MDRD) >= 30 mL/minute; e) Total bilirubin <= 1.5 x ULN; f) AST and ALT <= 2.5 x ULN; g) Corrected serum calcium level < 3.5 mmol/l (< 14 mg/dl)

- a) All females must acknowledge to have understood the hazards and necessary precautions associated with the use of lenalidomide; b) Female of childbearing potential (FCBP) † must: oUnderstand the potential teratogenic risk to the unborn child oUnderstand the need for effective contraception, without interruption, 4 weeks before starting study treatment, throughout the entire duration of study treatment, dose interruption and 28 days after the end of study treatment oBe capable of complying with effective contraceptive measures and agree to use two reliable forms of contraception simultaneously or to practice complete abstinence from heterosexual contact during the following time periods related to this study: 1) for at least 28 days before starting study drug; 2) while participating in the study; 3) dose interruptions; and 4) for at least 28 days after study treatment discontinuation. The two methods of reliable contraception must include one highly effective method and one additional effective (barrier) method. **Implants and levonorgestrel-releasing intrauterine systems are associated with an increased risk of infection at the time of insertion and irregular vaginal bleeding. Prophylactic antibiotics should be considered particularly in patients with neutropenia. oBe informed about and understand the potential consequences of pregnancy and the need to notify her study doctor immediately if there is a risk of pregnancy oAgree to have two medically supervised pregnancy tests with a minimum sensitivity of 25 mIU/ml prior to starting lenalidomide; c) Male subjects must oUnderstand the potential teratogenic risk if engaged in sexual activity with a pregnant female or a FCBP oUnderstand the need for the use of a condom and agree to use condoms even if he has had a vasectomy, if engaged in sexual activity with a pregnant female or a female of childbearing potential , while taking study drug, during any dose interruptions and for 28 days after stopping study therapy. oAgree to notify the investigator immediately, if pregnancy or a positive pregnancy test occurs in his partner during study participation. oAgree to abstain from donating semen or sperm during therapy or for at least 28 days following discontinuation of study drug; d) All subjects must oAgree to abstain from donating blood while taking study drug therapy and for at least 28 days following discontinuation of study drug therapy. oAgree never to give lenalidomide to another person and to return all unused study drug to the investigator.

Ausschlusskriterien

- Any serious medical condition, laboratory abnormality, or psychiatric illness that would prevent the subject from signing the informed consent form
- Pregnant or lactating females
- Any condition, including the presence of laboratory abnormalities, which places the subject at unacceptable risk
- History of myocardial infarction; NYHA Class III or IV heart failure, uncontrolled angina, severe uncontrolled ventricular arrhythmias; concomitant pericarditis or peri-/myocarditis
- Use of any other experimental drug or therapy within 28 days of baseline.
- Greater or equal to Grade 2 peripheral neuropathy on clinical examination within 14 days before enrollment
- Known intolerance of boron
- Hypersensitivity to acyclovir or similar anti-viral drug
- Prior malignancy except adequately treated basal cell or squamous cell skin cancer, in situ cervical, breast or prostate cancer
- HIV positive, active hepatitis B, C or D viral infection, known CMV reactivation/active infection, EBV reactivation/active infection or treponema pallidum infection
- Uncontrolled diabetes mellitus
- Non-secretory MM
- Clinically relevant active infection or serious co-morbid medical conditions

Alter

18 - 65 Jahre

KURZPROTOKOLL
DSMMXIV

Fallzahl	406
Prüfzentren	**Innere Medizin 2** (Rekrutierung beendet) Hämatologie / Medizinische Onkologie Theodor-Stern-Kai 7 60590 Frankfurt am Main Allg. Ansprechpartner der Abteilung Häma/Onko
	Universitätsklinikum Frankfurt (Rekrutierung beendet) Medizinische Klinik II, Hämatologie/Onkologie Theodor-Stern-Kai 7 60590 Frankfurt am Main Allg. Ansprechpartner der Abteilung Häma/Onko
Sponsor	Universitätsklinikum Würzburg (Hauptsponsor)
Förderer	Universitätsklinikum Würzburg
Registrierung in anderen Studienregistern	EudraCT 2009-016616-21 ClinicalTrials.gov NCT01685814