

IBE

Department of Medical Informatics,
Biometry and Epidemiology

Prof. Dr. Joerg Hasford

Marchioninistraße 15
D-81377 München
Phone: +49 89 7095-7480
Fax: +49 89 7095-7482
E-mail: has@ibe.med.uni-muenchen.de
<http://www.pharmacoepi.de>

Fakultät für Klinische Medizin Mannheim der Universität Heidelberg
III. Medizinische Klinik, Hämatologie/Onkologie
Direktor: Prof. Dr. R. Hehlmann

Wiesbadener Strasse 7-11
D-68305 Mannheim
Phone: +49 621 383 2854
Fax: +49 621 383 3833
e-mail: hochhaus@uni-hd.de

PD Dr. med. Andreas Hochhaus

December 1st, 2003

Registry on patients who discontinued imatinib after CCR

Dear Colleague,

at the last meeting of the European Investigators in CML (EICML) in Berlin there was general agreement to establish a registry for long term follow up of CML patients who discontinued Imatinib (IM) after complete cytogenetic remission. Attached please find our research protocol and the CRFs.

If you have got any questions, please do not hesitate to ask. Dr. Hochhaus is happy to answer all medical questions and Dr. Hasford will respond to all questions referring methodology and data transfer.

May we kindly ask you to send the data first to Dr. Hochhaus, who will perform the quality control and queries if needed and will then transfer the data to Dr. Hasford.

Novartis has agreed to contribute an unrestricted research grant which allows us to reimburse € 200 per complete case.

If you don't have access to quantitative PCR, molecular follow-up could be performed in Mannheim on request by e-mail (hochhaus@uni-hd.de).

We hope very much that you will join this collaborative project. This registry is urgently needed as it is the only approach which allows - without undue delay – to answer research questions of great clinical and scientific relevance.

Looking forward to a successful cooperation

Sincerely Yours

Andreas Hochhaus

Joerg Hasford

Registry for long term Follow up of CML Patients who discontinued Imatinib after Complete Cytogenetic Remission

Introduction

Since the introduction of Imatinib mesylate (IM) as treatment for patients with chronic myeloid leukemia (CML), a considerably high proportion of patients achieve a complete cytogenetic remission (CCR). If the CCR is persistent, these patients may be considered – from a cytogenetical point of view – as cured. Thus the question arises for how long the treatment with I should be continued. As it seems impossible to do a randomised IM withdrawal trial a registry is planned. The proposed registry aims for a sound monitoring of all CML patients with CCR, who discontinue IM irrespective of the causes of discontinuation. Thus we hope to establish a data base which will provide without undue delay valid answers for highly important questions, both from a medical and a scientific point of view.

Objectives

Research questions

- Why and when is IM treatment discontinued after CCR ?
- What are the consequences of IM discontinuation ?
- Does the outcome depend to the reasons of IM discontinuation ?
- Which are the prognostic factors for successful discontinuation of IM ?
- Does discontinuation of IM have an impact on resistance to IM ?
- What is the impact of restarting treatment with IM ?

Inclusion criteria

All bcr/abl, Ph⁺ CML patients who discontinued IM for whatever reason after achievement of CCR.

A complete cytogenetic remission is defined as the absence of any Ph⁺ metaphase by conventional cytogenetics in at least one evaluation if the number of analysed metaphases was 20 or more, and in at least two consecutive evaluations if the number of analysed metaphases was in the range of 8 – 19.

All treatment breaks ≥ 28 days are considered as IM discontinuation.

Data collection

In general data collection will follow as described in the core data set. Additional items are needed for the starting point, i.e. discontinuation of IM and for restating IM. Follow up reports should be supplied every three months after discontinuation of IM.

Data may be supplied either on paper forms which will be provided or electronically.

Quality Control

Once the data have been received, they will be closely checked for completeness, plausibility and consistency.

Statistical analyses

The data will be entered into a data bank. At regular intervals the data will be descriptively analysed. With regard to prognostic modelling, the available options for validation will be used.

Logistics

The responsible clinician will be:

PD Dr. Andreas Hochhaus
III. Medizinische Klinik
Klinikum Mannheim der Universitaet Heidelberg
Wiesbadener Strasse 7-11
D-68305 Mannheim
Fax: +49 621 383 3833
E-mail: hochhaus@uni-hd.de

The responsible biostatistician will be:

Prof.Dr. Joerg Hasford
Dept. for Medical Biometry and Epidemiology
University of Munich
Marchioninstr.15
D-81377 Munich
Fax: +49 89 70957482
Email: has@ibe.med.uni-muenchen.de

All those who submit data will be Members of the Board. All analyses will be presented and discussed with the Board.

Publications

There is agreement that all relevant results will be published. Coauthors are ranked considering the number of contributed evaluable patients and input for the manuscript.