

<b>Public Title</b>	Randomized Study of ON 01910.Na in Refractory MDS With Excess Blasts
<b>Scientific Title</b>	Phase III MultiCenter Randomized Controlled Study to Assess Efficacy and Safety of ON 01910.Na 72-Hr Continuous IV Infusion in MDS Patients With Excess Blasts Relapsing After or Refractory to or Intolerant to Azacitidine or Decitabine
<b>Short Title</b>	ONO 1910
<b>Id KN/ELN</b>	LN_NN_2010_473
<b>Trialgoup</b>	NN
<b>Type of Trial</b>	multicentric, randomized, open-label
<b>Phase</b>	Phase III
<b>Disease</b>	Myelodysplastic Syndrome( MDS) Intermedia II and high risk
<b>Stage of Disease</b>	.
<b>Aim</b>	<ul style="list-style-type: none"><li>- Overall survival</li><li>- Overall response (complete and partial remission) according to 2006 IWG criteria</li><li>- Complete bone marrow response according to 2006 IWG criteria</li><li>- Hematological improvements according to 2006 IWG criteria</li><li>- Scores of Quality of Life Questionnaire</li><li>- Adverse events</li><li>- Change in Aneuploidy</li><li>- Transition time to AML</li><li>- Incidence of infections and bleeding episodes.</li></ul>
<b>Inclusion Criteria</b>	<ul style="list-style-type: none"><li>- MDS diagnosis confirmed within 6 weeks prior to entry according to WHO or FAB classification</li><li>- MDS classified as follows, according to WHO and FAB classification:<ul style="list-style-type: none"><li>- a. RAEB-1 (5% - 9% BM blasts)</li><li>- b. RAEB-2 (10% - 20% BM blasts)</li><li>- c. CMML (10% - 20% BM blasts) and WBC &lt; 13,000/L</li><li>- d. RAEB-t (21% - 30% BM blasts), with following criteria:<ul style="list-style-type: none"><li>- aa. WBC &lt; 25 x 10E9/L at entry</li><li>- bb. Stable WBC at least 4 weeks prior to entry and not requiring intervention for WBC control with hydroxyurea, chemotherapy, or leukopheresis.</li></ul></li></ul></li><li>- At least one cytopenia (ANC &lt; 1800/μL or platelet count &lt; 100,000/μL or hemoglobin &lt;10 g/dL)</li><li>- Progression according to 2006 International Working Group (IWG) criteria any time after start of azacitidine or decitabine during past 2 years; or failure to achieve complete or partial response or hematological improvement (according to 2006 IWG) after at least six 4-week cycles of azacitidine or four 6-week cycles of decitabine during past 2 years; or relapse after initial complete or partial response or hematological improvement (according to 2006 IWG criteria) observed after at least six 4-week cycles of azacitidine or four 6-week cycles of decitabine during past 2 years; or, intolerance to azacitidine or decitabine defined by drug-related Grade 3 liver or renal toxicity leading to discontinuation during the past 2 years.</li><li>- Did not respond to, relapsed after, not eligible for, or opted not to do bone marrow transplantation</li><li>- Off other MDS treatments for at least 4 weeks; Filgrastim (G-CSF) and erythropoietin allowed before and during the study as clinically indicated.</li><li>- No need for induction chemotherapy</li><li>- ECOG status 0, 1 or 2</li></ul>

<b>Exclusion Criteria</b>	<ul style="list-style-type: none"><li>- Willing to adhere to protocol prohibitions and restrictions</li><li>- Patient (or a legally authorized representative) must sign informed consent form to indicate patient's understanding study's purpose and procedures and willingness to participate</li><li>- Anemia due to factors other than MDS (including hemolysis or gastrointestinal bleeding) unless stabilized for 1 week after RBC transfusion.</li><li>- Any active malignancy within the past year, except basal cell or squamous cell skin cancer or carcinoma in situ of the cervix or breast</li><li>- Uncontrolled intercurrent illness including, but not limited to, symptomatic congestive heart failure, unstable angina pectoris, or cardiac arrhythmia</li><li>- Active infection not adequately responding to appropriate therapy</li><li>- Total bilirubin <math>\geq 1.5</math> mg/dL not related to hemolysis or Gilbert's disease.</li><li>- Alanine transaminase (ALT)/aspartate transaminase (AST) <math>\geq 2.5</math> x upper limit of normal (ULN)</li><li>- Serum creatinine <math>\geq 2.0</math> mg/dL</li><li>- Ascites requiring active medical management including paracentesis, or hyponatremia (defined as serum sodium value of <math>&lt;130</math> mEq/L)</li><li>- Pregnant or lactating females</li><li>- Patients unwilling to follow strict contraception requirements (including condom use for males with sexual partners, and for females: prescription oral contraceptives [birth control pills], contraceptive injections, intrauterine device, double-barrier method [spermicidal jelly or foam with condoms or diaphragm], contraceptive patch, or surgical sterilization) before entry and throughout the study</li><li>- Females with reproductive potential who do not have a negative urine beta-human chorionic gonadotropin pregnancy test at screening</li><li>- Major surgery without full recovery or major surgery within 3 weeks of ON 01910.Na treatment start</li><li>- Uncontrolled hypertension (defined as systolic pressure 160 mmHg and/or diastolic pressure 110 mmHg)</li><li>- New onset seizures (within 3 months prior to first dose of ON 01910.Na) or poorly controlled seizures</li><li>- Any other concurrent investigational agent or chemotherapy, radiotherapy, or immunotherapy</li><li>- Prior treatment with low-dose cytarabine during past 2 years Investigational therapy within 4 weeks of starting ON 01910.Na</li><li>- Psychiatric illness or social situation that limits the patient's ability to tolerate and/or comply with study requirements</li></ul>
<b>Age</b>	$\geq 18$ years
<b>Status</b>	No longer recruiting
<b>start of Recruitment</b>	01.11.2010
<b>Target Sample Size</b>	270
<b>Contact Person</b>	<b>Principal Investigator</b> Platzbecker, Prof. Dr. med., Uwe Tel: +49 (0)351 4582583 Fax: +49 (0)351 458-5362 Email: <a href="mailto:Uwe.Platzbecker@uniklinikum-dresden.de">Uwe.Platzbecker@uniklinikum-dresden.de</a>
<b>Sponsors</b>	Onconova Therapeutics, Inc. (Main Sponsor)
<b>Supporters</b>	Onconova Therapeutics, Inc.

**Other Registers**

ClinicalTrials.gov NCT01241500

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