Public Title	Imatinib Versus Hydroxychloroquine and Imatinib in CML
Scientific Title	A Randomized Phase II Trial of Imatinib (IM) Versus Hydroxychloroquine (HCQ) and IM for Patients With Chronic Myeloid Leukemia (CML) in Major Cytogenetic Response (MCyR) With Residual Disease Detectable by Quantitative Polymerase Chain Reaction (Q-PCR)
Short Title	CHOICES
Id KN/ELN	LN_NN_2010_527
Trialgoup	NN
Type of Trial	randomized, prospective, open-label
Phase	Phase II
Disease	Chronic myeloid leukemia(CML) Chronic Phase
Stage of Disease	.
Molecular Marker	BCR-ABL
Aim	- to determine if hydroxychloroquine (HCQ) and imatinib is more effective than imatinib alone in terms of BCR/ABL levels in patients with chronic myeloid leukemia in major cytogenetic response (MCyR) with residual BCR/ABL-positive cells detectable by quantitative polymerase chain reaction after at least one year of imatinib mesylate treatment. - To determine the safety and tolerability of this regimen in these patients. - To determine whether the introduction of HCQ influences imatinib mesylate plasma levels. - To determine if whole blood HCQ levels achieved in combination with imatinib mesylate are in the expected range. - To determine if HCQ inhibits autophagy in vivo. - To evaluate the effects of this regimen on residual BCR/ABL-positive primitive progenitors.
Outcomes	- Proportion of treatment "successes" defined as patients who have at least 0.5 log reductions or more in their 12-month PCR level from baseline (Primary Outcome) - Proportion of treatment "successes" at 24 months - Molecular response at 12 and 24 months (complete response, major response, or no response) - Proportion of patients with progression at 12 and 24 months
Inclusion Criteria	- Diagnosis of chronic myeloid leukemia (CML) in chronic phase (CP) - Has been treated with imatinib mesylate for at least 1 year; Receiving a stable dose for >= 6 months prior to randomization - Achieved at least major cytogenetic response (MCyR) and continues to be BCR/ABL-positive by quantitative polymerase chain reaction (Q-PCR) - Must have a fusion gene present that can be monitored by Q-PCR - ECOG performance status 0-2 - Absolute neutrophil count >= 1,500/mm³ (stable and within normal range for >= 2 months) - Platelet count >= 100,000/mm³ (stable and within normal range for >= 2 months) - Serum albumin > 3 g/dL - AST and/or ALT <= 2.5 times upper limit of normal (ULN) - Serum bilirubin <= 1.5 times ULN - Serum creatinine <= 1.5 times ULN OR 24-hour creatinine clearance >= 50 mL/min - Serum potassium >= lower limit of normal with or without replacement therapy

- Not pregnant or nursing
- Negative pregnancy test
- Fertile patients must use effective double-method contraception (including a barrier method [i.e., condom]) during and for 3 months after completion of study therapy
- No impaired cardiac function, including any of the following: a) QTc > 450 msec on screening ECG; b) Congenital long QT syndrome; c) History or presence of sustained ventricular tachycardia; d) History of ventricular fibrillation or Torsades de pointes; e) NYHA class III-IV congestive heart failure; f) Uncontrolled hypertension
- No severe gastrointestinal (GI) disorder, uncontrolled epilepsy, known glucose-6-phosphate dehydrogenase (G6PD) deficiency, known porphyria, moderate or severe psoriasis, known myasthenia gravis, or other concurrent severe and/or uncontrolled medical conditions
- No preexisting maculopathy of the eye
- No significant history of noncompliance to medical regimens or the inability to grant a reliable informed consent
- At least 4 weeks since prior chemotherapy, investigational drug, or major surgery and recovered
- More than 6 months since change in imatinib mesylate dose
- No other concurrent anticancer therapy or radiotherapy

Age >= 18 years

Status Active

start of Recruitment 01.03.2010

Recruiting countries Germany

U.K.

Target Sample Size 66

Leader

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Other Registers ClinicalTrials.govNCT01227135
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