AML Master Protocol Clinical Site Selection

The Leukemia & Lymphoma Society (LLS) is seeking sites to participate in an AML Master Protocol based on a personalized medicine approach.

Executive Summary:
The LLS AML Screening Protocol Steering Committee has designed a protocol that will use central genomic profiling and local metaphase/interphase cytogenetics (CBF aberrations) to assign patients to different therapeutic arms as part of an AML master protocol for older, newly-diagnosed adults who present with AML. The primary objective of the study is to improve AML therapy in a stepped, but expeditious manner with implementation of new technology and therapeutic approaches in a setting where conventional clinical trials have largely failed. By performing real-time molecular screening of newly-diagnosed AML patients in a multicenter clinical trial with treatment assignment based upon this determination, we will assess the efficacy of the best new AML therapies in defined subsets of patients who are most likely to benefit from novel, mechanism-based therapies.

Study Design: The goal is to offer specific, targeted therapies to defined AML patient subsets (examples: FLT3 ITD positive, IDH1/IDH2 mutated, RAS mutated, complex karyotype/p53 mutated, surface antigen+) including “novel-novel” combination studies. For “marker-negative” patients who do not have a genomic or biologic correlate that allows for assignment to a specific targeted therapy, we will offer therapy with a novel AML agent with broad activity against the microenvironment or immune system. The trial will begin with 4-5 arms but will expand up to 10 arms including mechanism-based combinations for which dosing and scheduling has been established.

Institutions/Organizations: This trial will be done with the leadership of LLS utilizing a clinical research organization for site data verification and study compliance. While the trial will be initiated at 5 different sites, the study will need to expand to 20 or more sites. We will invite new sites to participate, which will be selected based on the criteria below. Sites that are selected to participate will each nominate a junior and senior clinical investigator to oversee that site’s trials, with additional physician-scientist participants as needed for study design, molecular screening, and correlative studies. Each site will agree to the terms of the study as defined by the Steering Committee, with specific deliverables including trial protocol submission/approval and patient recruitment. Please note that sites will be removed from continued participation if they have poor patient accrual, or if they do not adhere to the “Unifying Strategy” (see below).
Unifying Strategy for Study Participation:

1. All scientific members are focused on impactful, collaborative studies to improve outcomes for AML patients as the main purpose for participating.
2. Academic credit, including authorship, will be shared according to defined principles such that all study members benefit from participation from this study.
3. We intend to prepare a manuscript for the overall study; however each study arm will be reported in papers/abstracts to distribute trial results to the community at large as soon as possible.
4. There will be a minimum enrollment in the master study from each site/investigator; however relative enrollment will not be used as a sole determinate of lead authorship. Rather, each study arm from each site will have a defined principal and co-principal investigator (junior and senior investigators, respectively). The junior investigator will be first author and the senior investigator will be last author of each study report.
5. Open Communication between members at each site will be top priority.
6. Prioritization of individual scientific and institutional resources to this effort will occur to assure rapid implementation and completion of project.

Site Selection:

Please note, only one application per institution will be accepted.

The following information will be used to select additional sites for the AML Master Trial Study:

Investigator:

1. Name of senior and junior faculty, credentials (NCI biosketch) and contact information.
2. Acceptance of the “Unifying Strategy.”
3. How many clinical studies are you (senior and junior faculty) currently conducting each year as principal investigator? Please provide the number for each faculty separately, and indicate which are overlapping between the senior and junior faculty.
4. Prior history of any FDA audits (cause and no-cause) and findings.
5. Percentage effort devoted to clinical research.
6. Number of clinical studies that you are currently conducting for AML.
   a. Newly diagnosed AML
   b. Relapsed/Refractory AML
Site Information:

7. Acceptance of Western IRB for the study is a requirement to participate. Please confirm that the site will allow for the use of Western IRB.

8. Number of newly diagnosed AML patients seen each year. Number that are at least 60 years of age.

9. Number of patients enrolled in clinical trials for AML in the last 12 months.
   a. Newly diagnosed
   b. Relapsed/Refractory

10. Number of clinical trials currently being conducted for AML.
    a. Newly diagnosed
    b. Relapsed/Refractory

11. Percentage of patients with newly diagnosed AML that are likely to be interested in participating in a clinical trial.

12. Likelihood that your patients will be willing to wait up to 7 days for genomic evaluation for entry into the trial.

13. Ability to enroll/screen patients 6 days a week or just Monday-Friday.

14. Capacity to turn around local metaphase/interphase cytogenetics for determination of CBF AML [t(8;21) and inv(16)] within 7 days or less.

Other:

15. Provide the time it takes for your site to start a study of this type (from receipt of final protocol to site initiation visit).

Submission Process:

Please answer the 15 questions listed above and provide appropriate supporting information (i.e. biosketch of investigators) in a consolidated PDF file by email to BeatAML@lls.org. You will receive a confirmation email indicating that the application was received.

If you have questions about the trial and application process, please contact Amy Burd, LLS Executive Director Research and Strategy (amy.burd@lls.org), or call 914-821-8909.

Submissions are due May 2, 2017, 3 PM EST.