A randomized Phase II, 2-armed study in transplant ineligible patients with newly diagnosed multiple myeloma (NDMM) comparing Carfilzomib + Thalidomide + Dexamethasone (KTd) versus Carfilzomib + Lenalidomide + Dexamethasone (KRd) induction therapy with respect to response rates and investigating a Carfilzomib (K) monotherapy maintenance strategy

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Study Rationale

KRd and KTd have been established as effective first line treatment protocols. In previous studies KRd was administered in the original twice weekly schedule, while in the present study carfilzomib will be infused once weekly (with a dose of 56 mg/m²). In addition to investigating the activity and tolerance of the once weekly carfilzomib regimen, the study will evaluate whether KTd will be non-inferior to KRd. The later regimen incorporates thalidomide, which is still widely used in Europe and all other regions outside US, while the former employs lenalidomide, an IMiD which is much more widely used in the US.

Protocol Synopsis

Primary objective: To show non-inferiority with respect to response rates between KTd and KRd in patients after receiving 9 cycles induction therapy with either carfilzomib in combination with thalidomide and dexamethasone or carfilzomib in combination with lenalidomide and dexamethasone

Secondary objectives:
- Feasibility, safety and efficacy of a carfilzomib (K) maintenance therapy
- Response (PR, VGPR, CR, sCR, MRD according to IMWG)
- OS, safety and tolerability of patients receiving either KTd vs. KRd induction therapy and subsequent maintenance therapy
- PFS of both induction arms
- Quality of Life

Study Design

This is a randomized, 2-arm phase II, multicenter study to evaluate overall response rates and several other parameters in newly diagnosed, transplant ineligible patients receiving 9 cycles induction therapy with either carfilzomib in combination with thalidomide and dexamethasone or carfilzomib in combination with lenalidomide and dexamethasone. Maintenance is given for 12 cycles or progression of disease, whatever occurs first.

After 4 cycles stem cells can be harvested (optional) in those patients who may undergo autologous stem cell transplantation as salvage therapy. Follow-up visits after completion of maintenance period will be performed in 3-monthly intervals until progression of disease or death.

Recruitment (Status as of March 2019): 67 patients