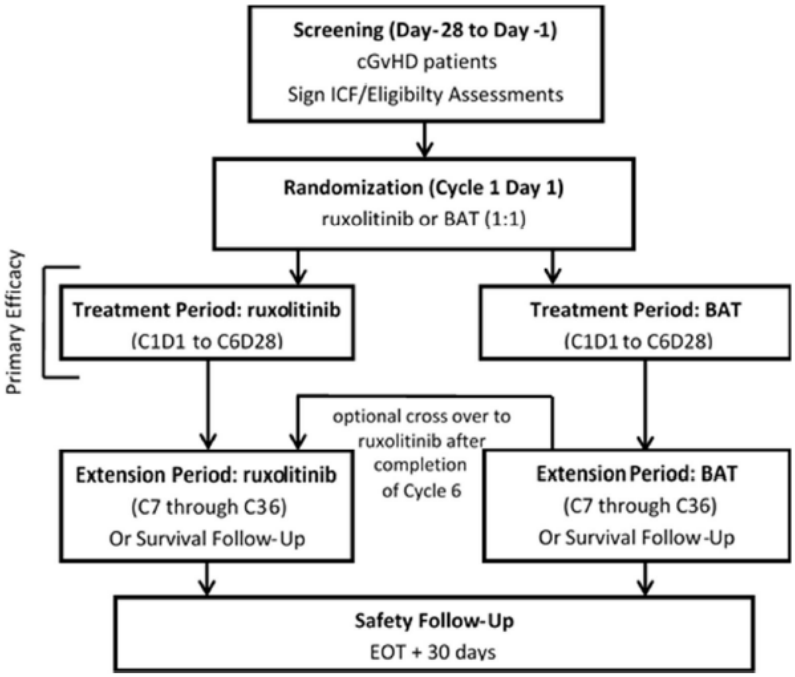
Kort fortalt om:

REACH-3

Protokoltitel	REACH-3 A phase III randomized open-label multi-center study of ruxolitinib vs. best available therapy (BAT) in patients with corticosteroid-refractory chronic graft vs host disease after allogenic stem cell transplantation (SR-cGvHD)
Diagnose	Allogenic stem cell transplant patients with moderate or severe corticosteroid-refractory chronic GvHD.
Protokolnummer	CINC424D2301
Danske centre	Rigshospitalet og Odense Universitetshospital
Formål, design og resume	**Formål:** To assess the efficacy of ruxolitinib when added to immunosuppression therapy in patients with moderate to severe SR-cGvHD • *Primary objective* To compare the efficacy of ruxolitinib vs. Investigator's choice Best Available Therapy (BAT) in patients with moderate or severe SR-cGvHD assessed by Overall Response Rate (ORR) at the Cycle 7 Day 1 visit. • *Key Secondary Objective* To compare the rate of failure free survival (FFS)[1] To compare change in modified Lee Symptom Score[2] [1] FFS will be used as the first key secondary endpoint for all regions except the US (ROW). [2] The modified Lee symptom score will be used as the first key secondary endpoint for the US Global and organ specific cGvHD clinician assessments are performed at baseline, weekly for the first 4 weeks, and then every 28 days until Cycle 7 Day 1, response will be assessed on Cycle 9 Day 1 and every 12 weeks thereafter. **Design:** Randomized phase III open-label, multi-center study that investigate the efficacy and safety of ruxolitinib versus BAT, added to the subject's immunosuppressive regimen of corticosteroids ± calcineurin inhibitor (CNI) in adults and adolescents (≥12 years old) with corticosteroid-refractory chronic Graft vs Host Disease (SR-GvHD). Patients will be randomized 1:1 (ruxolitinib or BAT). Patients randomized to the BAT arm are allowed to cross over to the ruxolitinib arm after the Cycle 7 Day 1 visit with lack of response or toxicity.

	 **Resumé:** The rationale of the study is based on current knowledge of chronic graft versus host disease pathophysiology and published studies that ruxolitinib impairs human dendritic cell activation, modulates cytokine levels in dendritic cells, and deceases T-cell proliferation in murine models. Further, published data has shown that ruxolitinib has evidence of activity when added to immunosuppressive therapy in patients with steroid refractory chronic graft versus host disease.
Hvilke ptt.	Adults and adolescents (≥12 years old) after allogenic stem cell transplantation with SR-cGvHD
Hvor mange ptt.	324 patienter på verdensplan. Ca. 5 forsøgsdeltagere på Rigshospitalet, hvor KAT inkluderer voksne (≥18 år)
Hvordan	Screening udføres fra dag -28 til dag -1 og først efter der er indhentet informeret samtykke fra patienten. Patienter fortsætter med deres behandling med corticosteroid ± CNI for steroid refraktær kronisk GvHD. Der tages stilling til BAT i screeningen. Patienter randomiseres efterfølgende til enten Ruxolitinib 10 mg 2 gange dagligt eller til BAT.
Hvor længe	Total trial duration is expected to be approximately 5 years. Each patient will be treated and/or followed for a total of 3 years (39 cycles/156 weeks)

Særlige dosismodifikationer	Ruxolitinib will be administered to patients randomized to the study drug treatment arm at a starting dose of 10 mg orally BID, without regard to food. Patients may have dose reductions or modifications of ruxolitinib during the course of treatment based on adverse events, clinical evaluation, and laboratory assessments. No dose increases above 10 mg BID will be allowed in the study due to the very limited clinical experience with such doses in patients with GvHD.
Særlige in- eller eksklusions kriterier	Se ark for in- og eksklusionkriterier
Randomisering hvordan:	Elektronisk IRT system
Særlige KAT opgaver	PK-prøver, udlevering af forsøgsmedicin, QoL skemaer
Andet	
KAT ansvarlig pro. spl.	Navn: Julie Nete Rasmussen Tlf. nr. 35455945
Forsøgsansvarlig læge	Navn: Brian Kornblit Tlf. nr. 35456584