A Study of Venetoclax in Combination with Azacitidine Versus Azacitidine in previously untreated Subjects with Acute Myeloid Leukemia who are Ineligible for Standard Induction Therapy

Estado	**Tipo de Participantes**	**Rangos de Edad**
EC Finalizado	No aportado	Mayores de 64 , Adultos (18-64 años)
Género	**Fases**	**Participantes esperados**
Ambos	Fase III	350
Resultados	**Bajo nivel intervención**	**Enfermedad rara**
Sin resultados	No	Si
Cobertura geográfica	**Ámbitos del ensayo**	**Terapia avanzada**
Multicéntrico internacional	seguridad, eficacia, farmacocinética, farmacodinamica, farmacogenética	NO

Información

Identificador

2024-513631-25-00 (CTIS)

Cod. Protocolo

M15-656

Transicionado 2016-001466-28

Área terapéutica

Enfermedades [C] - Cáncer [C04]|

Enfermedad investigada

Acute Myeloid Leukemia

Título Científico

A Randomized, Double-blind, Placebo Controlled Phase 3 Study of Venetoclax in Combination with Azacitidine Versus Azacitidine in Treatment Naïve Subjects with Acute Myeloid Leukemia who are Ineligible for Standard Induction Therapy (VIALE-A)

Justificación

No aportado

Objetivo Principal

To evaluate if venetoclax in combination with azacitidine will improve overall survival (OS) and composite complete remission rate (complete remission + complete remission with incomplete marrow recovery; CR/CRi) versus placebo in combination with azacitidine, in treatment naïve subjects with acute myeloid leukemia (AML).

Variables de Evaluación Primaria

Rate of complete remission (CR) or complete remission with incomplete marrow recovery (CRi)
Overall Survival (OS)

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

To evaluate if venetoclax in combination with azacitidine will improve, event-free survival (EFS).
To evaluate if venetoclax in combination with azacitidine will improve the proportion of subjects achieving composite complete remission (CR or CRi) by the initiation of Cycle 2.
To evaluate if venetoclax in combination with azacitidine reduces fatigue and improves global health status/quality of life (GHS/QoL) based on patient reported outcome (PRO) assessments (Patient Reported Outcomes Measurement Information System [PROMIS] Cancer Fatigue Short Form [SF] 7a and European Organization for Research and Treatment of Cancer Quality of Life Questionnaire Core [EORTC QLQC30]).

Variables de Evaluación Secundaria

Event-Free Survival (EFS)
CR + CRi rate by the initiation of Cycle 2
Patient Reported Outcomes Measurement Information System (PROMIS) Cancer Fatigue Short Form [SF] 7a and European Organization for Research and Treatment of Cancer Quality of Life Questionnaire Core [EORTC QLQ-C30]).

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

Subject must have confirmation of AML by WHO criteria and be ineligible for treatment with a standard cytarabine and anthracycline induction regimen due age or comorbidities. Female subjects of childbearing potential must have negative results for pregnancy test performed: - At Screening with a serum sample obtained within 14 days prior to the first study drug administration, and - Prior to dosing with urine sample obtained on Cycle 1 Day 1, if it has been > 7 days since obtaining the serum pregnancy test results. Subject must voluntarily sign and date an informed consent, approved by an Independent Ethics Committee (IEC)/Institutional Review Board (IRB), prior to the initiation of any screening or study-specific procedures. Subject must be 18 years of age. Subject must have a projected life expectancy of at least 12 weeks. Subject must be considered ineligible for induction therapy defined by the following: - 75 years of age; OR - 18 to 74 years of age with at least one of the following comorbidities: ECOG Performance Status of 2 or 3; Cardiac history of CHF requiring treatment or Ejection Fraction 50% or chronic stable angina; DLCO 65% or FEV1 65%; Creatinine clearance 30 mL/min to < 45 ml/min; Moderate hepatic impairment with total bilirubin > 1.5 to 3.0 × ULN; Any other comorbidity that the physician judges to be incompatible with intensive chemotherapy must be reviewed and approved by the AbbVie TA MD before study enrollment. Subject must have an Eastern Cooperative Oncology Group (ECOG) Performance status: - 0 to 2 for subjects 75 years of age OR - 0 to 3 for subjects 18 to 74 years of age. Subject must have adequate renal function as demonstrated by a creatinine clearance 30 mL/min; calculated by the Cockcroft Gault formula or measured by 24 hours urine collection. Subject must have adequate liver function as demonstrated by: - aspartate aminotransferase (AST) 3.0 × ULN* - alanine aminotransferase (ALT) 3.0 × ULN* - bilirubin 1.5 × ULN* * Unless considered to be due to leukemic organ involvement o Subjects who are < 75 years of age may have a bilirubin of 3.0 × ULN Female subjects must be either postmenopausal defined as: - Age > 55 years with no menses for 12 or more months without an alternative medical cause - Age 55 years with no menses for 12 or more months without an alternative medical cause AND an FSH level > 40 IU/L. OR - Permanently surgical sterile (bilateral oophorectomy, bilateral salpingectomy or hysterectomy). OR - Women of Childbearing Potential (WOCBP) practicing at least one protocol specified method of birth control, starting at Study Day 1 through at least 90 days after the last dose of study drug. Male subjects who are sexually active, must agree, from Study Day 1 through at least 90 days after the last dose of study drug, to practice the protocol specified contraception. Male subjects must agree to refrain from sperm donation from initial study drug administration through at least 90 days after the last dose of study drug.

Criterios de Exclusión

Subject has received treatment with the following: - A hypomethylating agent and/or chemo therapeutic agent for Myelodysplastic syndrome (MDS). - CAR-T cell therapy - Experimental therapies for MDS or AML. Subject has a cardiovascular disability status of New York Heart Association Class > 2. Class 2 is defined as cardiac disease in which patients are comfortable at rest but ordinary physical activity results in fatigue, palpitations, dyspnea, or anginal pain. Subject has chronic respiratory disease that requires continuous oxygen, or significant history of renal, neurologic, psychiatric, endocrinologic, metabolic, immunologic, hepatic, cardiovascular disease, or any other medical condition that in the opinion of the investigator would adversely affect his/her participating in this study. Subject has a malabsorption syndrome or other condition that precludes enteral route of administration. Subject exhibits evidence of other clinically significant uncontrolled systemic infection requiring therapy (viral, bacterial or fungal). Subject has a history of other malignancies within 2 years prior to study entry, with the exception of: - Adequately treated in situ carcinoma of the cervix uteri or carcinoma in situ of breast; - Basal cell carcinoma of the skin or localized squamous cell carcinoma of the skin; - Previous malignancy confined and surgically resected (or treated with other modalities) with curative intent. Subject has a white blood cell count > 25 × 109/L. (Hydroxyurea is permitted to meet this criterion.) Subject has history of myeloproliferative neoplasm (MPN). Subject has the following: - Favorable risk cytogenetics such as t(8;21), inv(16) or t(16;16) or t(15;;17) as per the NCCN Guidelines Version 2, 2016 for Acute Myeloid Leukemia. Subject has acute promyelocytic leukemia Subject has known active CNS involvement with AML. Subject is known to be positive for HIV (HIV testing is not required.) Subject is known to be positive for hepatitis B or C infection with the exception of those with an undetectable viral load within 3 months. (Hepatitis B or C testing is not required). Subjects with serologic evidence of prior vaccination to HBV [i.e., HBs Ag-, and anti-HBs+] may participate. Subject has received strong and/or moderate CYP3A inducers within 7 days prior to the initiation of study treatment. Subject has consumed grapefruit, grapefruit products, Seville oranges (including

marmalade containing Seville oranges) or Starfruit within 3 days prior to the initiation of study treatment.

Calendario

(Última actualización: 08/06/2026)

Autorización	Inicio de Ensayo	Inclusión Primer Paciente	Interrumpido	Reiniciado
24/07/2017	29/09/2017	16/10/2017	No aportado	No aportado

Fin de reclutamiento	Fin prematuro (España)	Fin prematuro (Global)	Fin del ensayo en España	Fin del ensayo global
01/06/2018	No aportado	No aportado	05/11/2024	No aportado

Promotor

AbbVie Deutschland GmbH & Co. KG Germany

Knollstrasse

Contact Person

Global Clinical Trials Helpdesk

4961117201520

global-clinical-trials@abbvie.com

Monetary support: N/A

Tipo de promotor: Comercial

Ceim

CEIm de la Comunidad Foral de Navarra

C/ Irunlarrea, 3 31008 Pamplona

ceic@cfnavarra.es

Centros

Cerrado (06/10/2020)

COMPLEJO HOSPITALARIO DE NAVARRA

Pamplona/Iruña

NAVARRA

Scio. de Hematología

Cerrado (21/05/2026)

Hospital Clínic de Barcelona

Barcelona

BARCELONA

Scio. de Hematología

Cerrado (23/11/2021)

Hospital de la Santa Creu i Sant Pau

Barcelona

BARCELONA

Scio. de Hematología

Cerrado (05/11/2021)

HOSPITAL GENERAL UNIVERSITARIO GREGORIO MARAÑÓN

Madrid

MADRID

Scio. de Hematología

Cerrado (08/07/2020)

HOSPITAL UNIVERSITARI I POLITÈCNIC LA FE

Valencia

VALENCIA

Scio. de Hematología

Cerrado (16/01/2019)

HOSPITAL UNIVERSITARIO DE LA PRINCESA

Madrid

MADRID

Scio. de Hematología

Cerrado (17/07/2020)

HOSPITAL UNIVERSITARIO 12 DE OCTUBRE

Madrid

MADRID

Scio. de Hematología

Cerrado (24/03/2026)

HOSPITAL VIRGEN DE LA VICTORIA

Málaga

Scio. de Hematología

Medicamentos

Venetoclax
FILM-COATED TABLET
ORAL USE

-
Principios Activos: N/A

Experimental

AZACITIDINE
POWDER FOR INJECTION
INTRAVENOUS (IV) OR SUBCUTANEOUS (SC)

-
Principios Activos: N/A

Experimental

Venetoclax
FILM-COATED TABLET
ORAL USE

-
Principios Activos: N/A

Experimental

Venetoclax
FILM-COATED TABLET
ORAL USE

-
Principios Activos: N/A

Experimental

Sin resultados

A Study of Venetoclax in Combination with Azacitidine Versus Azacitidine in previously untreated Subjects with Acute Myeloid Leukemia who are Ineligible for Standard Induction Therapy

State	**Type of participants**	**Age Ranges**
Finished CT	Not provided	Older than 64 , Adults (18-64 years)
Gender	**Phases**	**Expected Participants**
Both	Phase III	350
Results	**Low level of intervention**	**Rare disease**
No results	No	Yes
Geographic coverage	**Areas of the study**	**Advanced therapy**
International multicenter	safety, effectiveness, pharmacokinetics, pharmacodynamics, pharmacogenetics	NO

Information

Identifier
2024-513631-25-00 (CTIS)

Protocol Code
M15-656

Transitioned 2016-001466-28

Therapeutic area
Diseases [C] - Cancer [C04]|

Investigated Disease
Acute Myeloid Leukemia

Scientific Title
A Randomized, Double-blind, Placebo Controlled Phase 3 Study of Venetoclax in Combination with Azacitidine Versus Azacitidine in Treatment Naïve Subjects with Acute Myeloid Leukemia who are Ineligible for Standard Induction Therapy (VIALE-A)

Rationale

Not provided

Main Objective

To evaluate if venetoclax in combination with azacitidine will improve overall survival (OS) and composite complete remission rate (complete remission + complete remission with incomplete marrow recovery; CR/CRi) versus placebo in combination with azacitidine, in treatment naïve subjects with acute myeloid leukemia (AML).

Primary Endpoints

Rate of complete remission (CR) or complete remission with incomplete marrow recovery (CRi)
Overall Survival (OS)

Temporary moments of secondary assessment

Not provided

Secondary Objective

To evaluate if venetoclax in combination with azacitidine will improve, event-free survival (EFS).
To evaluate if venetoclax in combination with azacitidine will improve the proportion of subjects achieving composite complete remission (CR or CRi) by the initiation of Cycle 2.
To evaluate if venetoclax in combination with azacitidine reduces fatigue and improves global health status/quality of life (GHS/QoL) based on patient reported outcome (PRO) assessments (Patient Reported Outcomes Measurement Information System [PROMIS] Cancer Fatigue Short Form [SF] 7a and European Organization for Research and Treatment of Cancer Quality of Life Questionnaire Core [EORTC QLQC30]).

Secondary Endpoints

Event-Free Survival (EFS)
CR + CRi rate by the initiation of Cycle 2
Patient Reported Outcomes Measurement Information System (PROMIS) Cancer Fatigue Short Form [SF] 7a and European Organization for Research and Treatment of Cancer Quality of Life Questionnaire Core [EORTC QLQ-C30]).

Temporary moments of secondary assessment

Not provided

Inclusion criteria

Subject must have confirmation of AML by WHO criteria and be ineligible for treatment with a standard cytarabine and anthracycline induction regimen due age or comorbidities. Female subjects of childbearing potential must have negative results for pregnancy test performed: - At Screening with a serum sample obtained within 14 days prior to the first study drug administration, and - Prior to dosing with urine sample obtained on Cycle 1 Day 1, if it has been > 7 days since obtaining the serum pregnancy test results. Subject must voluntarily sign and date an informed consent, approved by an Independent Ethics Committee (IEC)/Institutional Review Board (IRB), prior to the initiation of any screening or study-specific procedures. Subject must be 18 years of age. Subject must have a projected life expectancy of at least 12 weeks. Subject must be considered ineligible for induction therapy defined by the following: - 75 years of age; OR - 18 to 74 years of age with at least one of the following comorbidities: ECOG Performance Status of 2 or 3; Cardiac history of CHF requiring treatment or Ejection Fraction 50% or chronic stable angina; DLCO 65% or FEV1 65%; Creatinine clearance 30 mL/min to < 45 ml/min; Moderate hepatic impairment with total bilirubin > 1.5 to 3.0 × ULN; Any other comorbidity that the physician judges to be incompatible with intensive chemotherapy must be reviewed and approved by the AbbVie TA MD before study enrollment. Subject must have an Eastern Cooperative Oncology Group (ECOG) Performance status: - 0 to 2 for subjects 75 years of age OR - 0 to 3 for subjects 18 to 74 years of age. Subject must have adequate renal function as demonstrated by a creatinine clearance 30 mL/min; calculated by the Cockcroft Gault formula or measured by 24 hours urine collection. Subject must have adequate liver function as demonstrated by: - aspartate aminotransferase (AST) 3.0 × ULN* - alanine aminotransferase (ALT) 3.0 × ULN* - bilirubin 1.5 × ULN* * Unless considered to be due to leukemic organ involvement o Subjects who are < 75 years of age may have a bilirubin of 3.0 × ULN Female subjects must be either postmenopausal defined as: - Age > 55 years with no menses for 12 or more months without an alternative medical cause - Age 55 years with no menses for 12 or more months without an alternative medical cause AND an FSH level > 40 IU/L. OR - Permanently surgical sterile (bilateral oophorectomy, bilateral salpingectomy or hysterectomy). OR - Women of Childbearing Potential (WOCBP) practicing at least one protocol specified method of birth control, starting at Study Day 1 through at least 90 days after the last dose of study drug. Male subjects who are sexually active, must agree, from Study Day 1 through at least 90 days after the last dose of study drug, to practice the protocol specified contraception. Male subjects must agree to refrain from sperm donation from initial study drug administration through at least 90 days after the last dose of study drug.

Exclusion criteria

Subject has received treatment with the following: - A hypomethylating agent and/or chemo therapeutic agent for Myelodysplastic syndrome (MDS). - CAR-T cell therapy - Experimental therapies for MDS or AML. Subject has a cardiovascular disability status of New York Heart Association Class > 2. Class 2 is defined as cardiac disease in which patients are comfortable at rest but ordinary physical activity results in fatigue, palpitations, dyspnea, or anginal pain. Subject has chronic respiratory disease that requires continuous oxygen, or significant history of renal, neurologic, psychiatric, endocrinologic, metabolic, immunologic, hepatic, cardiovascular disease, or any other medical condition that in the opinion of the investigator would adversely affect his/her participating in this study. Subject has a malabsorption syndrome or other condition that precludes enteral route of administration. Subject exhibits evidence of other clinically significant uncontrolled systemic infection requiring therapy (viral, bacterial or fungal). Subject has a history of other malignancies within 2 years prior to study entry, with the exception of: - Adequately treated in situ carcinoma of the cervix uteri or carcinoma in situ of breast; - Basal cell carcinoma of the skin or localized squamous cell carcinoma of the skin; - Previous malignancy confined and surgically resected (or treated with other modalities) with curative intent. Subject has a white blood cell count > 25 × 109/L. (Hydroxyurea is permitted to meet this criterion.) Subject has history of myeloproliferative neoplasm (MPN). Subject has the following: - Favorable risk cytogenetics such as t(8;21), inv(16) or t(16;16) or t(15;;17) as per the NCCN Guidelines Version 2, 2016 for Acute Myeloid Leukemia. Subject has acute promyelocytic leukemia Subject has known active CNS involvement with AML. Subject is known to be positive for HIV (HIV testing is not required.) Subject is known to be positive for hepatitis B or C infection with the exception of those with an undetectable viral load within 3 months. (Hepatitis B or C testing is not required). Subjects with serologic evidence of prior vaccination to HBV [i.e., HBs Ag-, and anti-HBs+] may participate. Subject has received strong and/or moderate CYP3A inducers within 7 days prior to the initiation of study treatment. Subject has consumed grapefruit, grapefruit products, Seville oranges (including

marmalade containing Seville oranges) or Starfruit within 3 days prior to the initiation of study treatment.

Calendar

(Last Update: 08/06/2026)

Authorization	Start of Trial	First patient inclusion	Halted	Restarted
24/07/2017	29/09/2017	16/10/2017	Not aported	Not aported

End of recruitment	Premature end (Spain)	Premature End (Global)	Trial end (Spain)	Trial end (Global)
01/06/2018	Not aported	Not aported	05/11/2024	Not aported

Sponsor

AbbVie Deutschland GmbH & Co. KG Germany

Knollstrasse

Contact Person

Global Clinical Trials Helpdesk

4961117201520

global-clinical-trials@abbvie.com

Monetary support: N/A

Sponsor type: Commercial

Ceim

CEIm de la Comunidad Foral de Navarra

C/ Irunlarrea, 3 31008 Pamplona

ceic@cfnavarra.es

Sites

Closed (06/10/2020)

COMPLEJO HOSPITALARIO DE NAVARRA

Pamplona/Iruña

NAVARRA

Scio. de Hematología

Closed (21/05/2026)

Hospital Clínic de Barcelona

Barcelona

BARCELONA

Scio. de Hematología

Closed (23/11/2021)

Hospital de la Santa Creu i Sant Pau

Barcelona

BARCELONA

Scio. de Hematología

Closed (05/11/2021)

HOSPITAL GENERAL UNIVERSITARIO GREGORIO MARAÑÓN

Madrid

MADRID

Scio. de Hematología

Closed (08/07/2020)

HOSPITAL UNIVERSITARI I POLITÈCNIC LA FE

Valencia

VALENCIA

Scio. de Hematología

Closed (16/01/2019)

HOSPITAL UNIVERSITARIO DE LA PRINCESA

Madrid

MADRID

Scio. de Hematología

Closed (17/07/2020)

HOSPITAL UNIVERSITARIO 12 DE OCTUBRE

Madrid

MADRID

Scio. de Hematología

Closed (24/03/2026)

HOSPITAL VIRGEN DE LA VICTORIA

Málaga

Scio. de Hematología

Medication

Venetoclax
FILM-COATED TABLET
ORAL USE

-
Active Principles: N/A
Experimental

AZACITIDINE
POWDER FOR INJECTION
INTRAVENOUS (IV) OR SUBCUTANEOUS (SC)

-
Active Principles: N/A
Experimental

Venetoclax
FILM-COATED TABLET
ORAL USE

-
Active Principles: N/A
Experimental

Venetoclax
FILM-COATED TABLET
ORAL USE

-
Active Principles: N/A
Experimental

No results