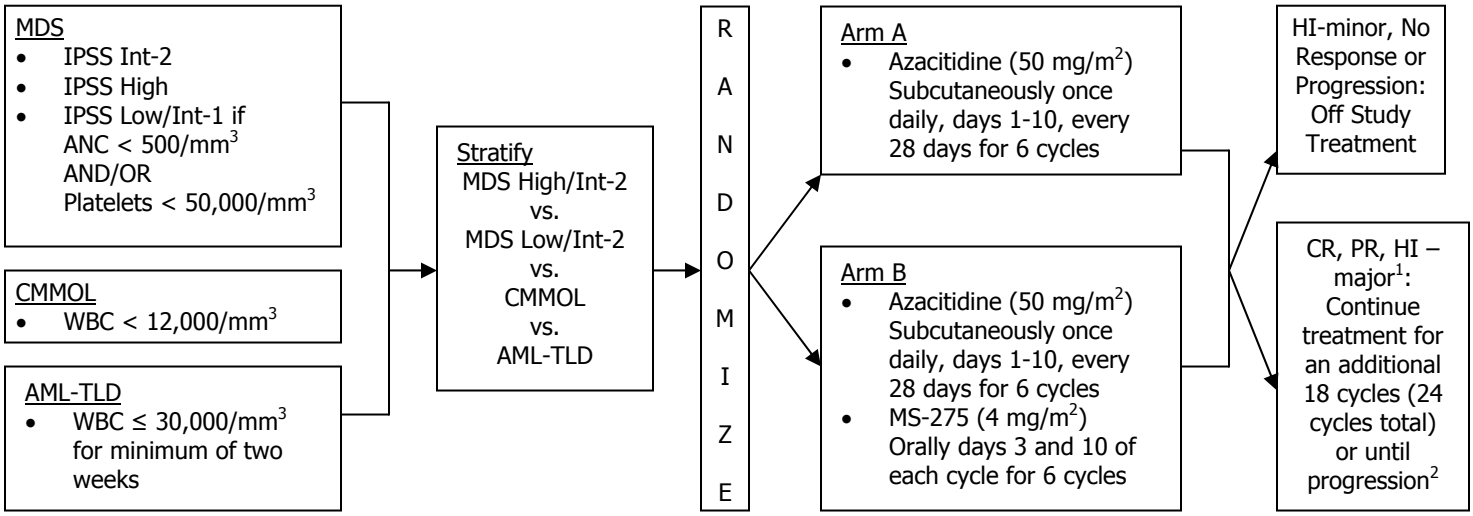
E1905: A Randomized Phase II Trial of Azacitidine with or without the Histone Deacetylase Inhibitor MS-275 for the Treatment of Myelodysplastic Syndrome, Chronic Myelomonocytic Leukemia (dysplastic type), and Acute Myeloid Leukemia with Multilineage Dysplasia



NOTE: 1 cycle = 28 days
1 IWG response criteria, see Sec. 6.1.3
2 Maximum of 24 cycles of total therapy (sec. 5.6.6)

HI-minor/HI-major = hematologic improvement (minor or major)
IPSS = International Prognostic Score
IWG = International Working Group

MAJOR ELIGIBILITY CRITERIA:

- Patients with MDS must have ANC < 500/mm^3 and/or platelets < 50,000/mm^3 seven days prior to registration; patients with CMMOL must have a WBC < 12,000/mm^3 documented within 4 weeks prior to study entry; patients with AML-TLD must have a WBC ≤ 30,000/mm^3 documented within 4 weeks prior to study entry.
- *Patients with treatment-induced MDS, CMMoL and AML-TLD are eligible and will be treated as separate cohorts from patients with de novo MDS, CMMoL, and AML-TLD*
- Patients with AML-TLD must not have a WBC that has doubled and is > 20,000/mm^3 within 4 weeks prior to study entry.
- Patients with CMMOL or AML-TLD must have two sets of counts 2 weeks apart!
- Age ≥ 18 years.
- ECOG performance status between 0-2.
- Patients must not have been previously treated with Azacitidine, decitabine, or MS-275.
- Within a week prior to registration: creatinine < 2.0 mg/dl, total bilirubin within normal institutional limits (unless due to intra- or extramedullary hemolysis or Gilbert's syndrome), AST and ALT ≤ 2.5 x institutional upper limit of normal.
- Patient must not have received AML induction chemotherapy or stem cell transplantation; any other treatment for their disease, including growth factors, may not be given within 3 weeks prior to study entry.
- Patient must have no evidence of CNS or pulmonary leukostasis, disseminated intravascular coagulation, or CNS leukemia.
- Patients should have a life expectancy of at least 6 months.
- Women must not be pregnant or breast-feeding and must have a blood test or urine study within 2 weeks prior to registration. An accepted and effective method of contraception is strongly advised for all patients with childbearing potential.

PRE-STUDY LABS AND TESTS:

≤ 2 weeks prior to registration:	Bone marrow biopsies, CTs, EKG, and X-rays
≤ 1 week prior to registration:	CBC with diff and platelets, reticulocyte count, sodium, potassium, chloride, bicarbonate, glucose, BUN, creatinine, total protein, albumin, total bilirubin, AST, ALT, alkaline phosphatase, calcium, phosphorous, and pregnancy test (WOCBP)

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