

A multicentre phase II feasibility study of accelerated chemotherapy - sequential epirubicin followed by intravenous cyclophosphamide, methotrexate and fluorouracil - using pegfilgrastim for women with early stage breast cancer

Submission date	Recruitment status	<input type="checkbox"/> Prospectively registered
07/06/2006	No longer recruiting	<input type="checkbox"/> Protocol
Registration date	Overall study status	<input type="checkbox"/> Statistical analysis plan
11/07/2006	Completed	<input checked="" type="checkbox"/> Results
Last Edited	Condition category	<input type="checkbox"/> Individual participant data
03/01/2020	Cancer	

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

Protocol serial number

BR2017

Study information

Scientific Title

A multicentre phase II feasibility study of accelerated chemotherapy - sequential epirubicin followed by intravenous cyclophosphamide, methotrexate and fluorouracil - using pegfilgrastim for women with early stage breast cancer

Acronym

NEAT-A

Study objectives

To explore the feasibility and toxicity of accelerated epirubicin, cyclophosphamide, methotrexate and fluorouracil (E-CMF) chemotherapy, using single doses of pegfilgrastim to reduce the interval between chemotherapy cycles, in a cohort of patients who would normally be treated with conventional E-CMF.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved by West Hertfordshire Local Research Ethics Committee on 01/11/2004, reference number: 04/Q0203/27

Study design

Phase II non-randomised feasibility study

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Breast cancer

Interventions

Patients should be treated according to the following schedule:

D1 Epirubicin 100 mg/m² intravenous (i.v) administration

D2 Pegfilgrastim 6 mg single dose subcutaneous administration (s.c.)

Repeated every 14 days for four cycles.

Then either:

Classical i.v. CMF (option A)

D1 Cyclophosphamide 600 mg/m² i.v.

Methotrexate 40 mg/m² i.v.

5-Fluorouracil 600 mg/m² i.v.

D8 Cyclophosphamide 600 mg/m² i.v.

Methotrexate 40 mg/m² i.v.

5-Fluorouracil 600 mg/m² i.v.

D9 Pegfilgrastim 6 mg single dose s.c.

Repeated every 21 days for 4 cycles. Folinic acid (15 mg orally (p.o.) six-hourly times six doses commencing 24 h post methotrexate) should be administered with all cycles of CMF

Intervention Type

Drug

Phase

Phase II

Drug/device/biological/vaccine name(s)

Epirubicin, cyclophosphamide, methotrexate, fluorouracil, pegfilgrastim, folinic acid

Primary outcome(s)

Delivered dose intensity

Key secondary outcome(s)

Toxicity and safety

Completion date

01/07/2006

Eligibility

Key inclusion criteria

1. Histological diagnosis of invasive early breast cancer with complete excision following surgery
2. No evidence of metastatic disease
3. Clear indication for adjuvant chemotherapy based on clinical and histopathological features
4. Eastern Cooperative Oncology Group (ECOG) performance status of 0, 1, or 2
5. Clinically assessed as fit to undergo E-CMF chemotherapy at full dose
 - a. Haematological parameters within normal range for institution
 - b. Liver function tests (aspartate aminotransferase [AST] or alanine aminotransferase [ALT]) ≤ 1.5 upper limit of normal (ULN)
 - c. Adequate renal function with creatinine clearance >50 ml/min (calculated according to Cockcroft formula)
6. No previous chemotherapy or radiotherapy
7. Aged 18 years and over
8. Non-pregnant and non-lactating, with no intention of pregnancy during chemotherapy, and prepared to adopt adequate contraceptive measures if pre-menopausal and sexually active
9. Written informed consent obtained
10. No concomitant medical or psychiatric problems that might prevent completion of treatment

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

Female

Total final enrolment

44

Key exclusion criteria

1. Significant history of cardiac disease (prior myocardial infarction, angina, uncontrolled hypertension)
2. Any co-morbidity significantly adding to risks associated with cytotoxic chemotherapy for instance: severe chronic obstructive pulmonary disease, poorly controlled diabetes etc
3. Recent exposure to immunosuppressive drugs including oral corticosteroid
4. Inability to comply with protocol requirements

Date of first enrolment

04/03/2005

Date of final enrolment

01/07/2006

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

Cancer Research UK Clinical Trials Unit

Birmingham

United Kingdom

B15 2TT

Sponsor information

Organisation

University of Birmingham (UK)

ROR

<https://ror.org/03angcq70>

Funder(s)

Funder type

Industry

Funder Name

Educational grants from Amgen UK and Pfizer UK

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Abstract results	results	20/06/2007	03/01/2020	No	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes