

# Neoadjuvant trial of pre-operative exemestane or letrozole +/- celecoxib in the treatment of oestrogen receptor-positive early breast cancer

<b>Submission date</b> 02/06/2006	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 11/07/2006	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 15/09/2022	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-looking-at-aromatase-and-cox-2-inhibitors-before-surgery-for-post-menopausal-early-breast-cancer>

## Contact information

### Type(s)

Scientific

### Contact name

Ms Claire Gaunt

### Contact details

Cancer Research UK Clinical Trials Unit (CRCTU)  
School of Cancer Sciences  
University of Birmingham  
Birmingham  
United Kingdom  
B15 2TT  
+44 (0)121 4143797  
[neoexcel@trials.bham.ac.uk](mailto:neoexcel@trials.bham.ac.uk)

### Type(s)

Scientific

### Contact name

Dr Phillippa Treharne-Jones

### Contact details

Cancer Research UK (CR UK) Clinical Trials Unit  
Institute of Cancer and Genomic Sciences  
The University of Birmingham  
Edgbaston  
Birmingham  
United Kingdom  
B15 2TT  
+44 (0)121 414 3797  
neoexcel@trials.bham.ac.uk

## **Additional identifiers**

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**  
BR3031

## **Study information**

### **Scientific Title**

Neoadjuvant trial of pre-operative exemestane or letrozole +/- celecoxib in the treatment of oestrogen receptor-positive early breast cancer

### **Acronym**

NEO-EXCEL

### **Study objectives**

The hypotheses to be addressed in this bifactorial phase III trial are that exemestane may be superior to letrozole (the present standard of care), as primary neoadjuvant endocrine therapy for early stage oestrogen receptor (ER)-positive breast cancer in postmenopausal women, and that the activity of aromatase inhibitors in this setting may significantly be enhanced by the addition of the selective cyclooxygenase-2 (COX-2) inhibitor, celecoxib.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

West Midlands MREC, 21/07/2006, ref: 06/MRE07/31

### **Study design**

Prospective phase III multicentre bifactorial (four-arm) randomised clinical trial with both open-label and placebo-controlled comparisons

### **Primary study design**

Interventional

**Secondary study design**

Randomised controlled trial

**Study setting(s)**

Hospital

**Study type(s)**

Treatment

**Participant information sheet**

Not available in web format, please use the contact details to request a patient information sheet

**Health condition(s) or problem(s) studied**

Early breast cancer

**Interventions**

Subjects will be randomised (1:1:1:1) to receive either:

1. Exemestane + celecoxib (these patients will receive exemestane 25 mg, one tablet daily and celecoxib 400 mg, one tablet twice daily)
2. Exemestane + celecoxib-placebo (these patients will receive exemestane 25 mg, one tablet daily and celecoxib-placebo, one tablet twice daily)
3. Letrozole + celecoxib (these patients will receive letrozole 2.5 mg, one tablet daily and celecoxib 400 mg, one tablet twice daily)
4. Letrozole + celecoxib-placebo (these patients will receive letrozole 2.5 mg, one tablet daily and celecoxib-placebo, one tablet twice daily)

Treatment will continue for 16 weeks until day of surgery.

**Intervention Type**

Drug

**Phase**

Phase III

**Drug/device/biological/vaccine name(s)**

Exemestane, letrozole, celecoxib

**Primary outcome measure**

Objective clinical response (complete response [CR], partial response [PR]) to neoadjuvant treatment

**Secondary outcome measures**

1. Objective ultrasound-determined response (CR, PR) to neoadjuvant treatment
2. Type of surgery
3. Axillary lymph node involvement at surgery
4. Complete pathological response
5. Local recurrence-free survival
6. Progression-free survival
7. Overall survival

For translational sub-study: biological profiling for prognostic and predictive indicators

**Overall study start date**

01/08/2007

**Completion date**

01/04/2019

## Eligibility

**Key inclusion criteria**

1. Biopsy proven
2. ER positive invasive breast cancer (where ER positive is defined as equivalent to an ER Quick or Allred score of 3 or greater)
3. Tumour, measured on clinical examination, as greater than 2 cm in diameter
4. Postmenopausal
5. Adequate haematological, renal and liver function, defined as: platelets of greater than  $100 \times 10^9/l$ , white blood cell count of greater than  $3 \times 10^9/l$ , creatinine less than 110 mmol/l, aspartate aminotransferase (AST) and/or alanine aminotransferase (ALT) less than 1.25 x upper limit of normal
6. Patients must be fit to complete surgery for their breast cancer
7. Written informed consent
8. Eastern Cooperative Oncology Group (ECOG) performance status 0,1 or 2

**Participant type(s)**

Patient

**Age group**

Adult

**Sex**

Female

**Target number of participants**

266

**Total final enrolment**

269

**Key exclusion criteria**

1. Bilateral breast cancer
2. Evidence of distant metastases (M1)
3. Patients who have received previous treatment for breast cancer
4. Concomitant active malignancy except for adequately treated carcinoma in situ of the uterine cervix or basal cell carcinoma of the skin
5. Co-morbid disease which would preclude safe surgical treatment of the primary cancer
6. Other physical or psychiatric disorder that may interfere with subject compliance, adequate informed consent or determine the causality of adverse events
7. Contraindications to celecoxib: active peptic ulcer disease, renal impairment, asthma exacerbated by non steroidal anti-inflammatory drugs (NSAIDs), congestive cardiac failure (New York Heart Association [NYHA II-IV]), ischaemic heart disease, cerebrovascular disease, uncontrolled hypertension

8. Patients with an ongoing requirement for regular NSAID or COX-2 inhibitor therapy (asprin 75 mg daily is permitted)
9. Regular selective COX-2 inhibitor use in the two years prior to randomisation
10. History of hypersensitivity to celecoxib, exemestane or letrozole or to any of the excipients
11. Known hypersensitivity to sulphonamides
12. Patients who have experienced asthma, acute rhinitis, nasal polyps, angioneurotic oedema, urticaria or other allergic-type reactions after taking acetylsalicylic acid or NSAIDs including COX-2 inhibitors
13. Inflammatory bowel disease
14. Patients with ongoing requirements for fluconazole or ketoconazole therapy
15. Patients with ongoing requirement for lithium therapy
16. Patients with ongoing requirement for angiotensin-converting enzyme (ACE) inhibitor therapy
17. Patients who are anticoagulated

**Date of first enrolment**

07/08/2007

**Date of final enrolment**

29/04/2014

## **Locations**

**Countries of recruitment**

England

Scotland

United Kingdom

**Study participating centre**

**Barnet Hospital**

Barnet

United Kingdom

EN5 3DJ

**Study participating centre**

**Broomfield Hospital**

United Kingdom

CM1 7ET

**Study participating centre**

**Chelmsford and Essex Centre**

United Kingdom

CM2 0QH

**Study participating centre**  
**Cheltenham General Hospital**  
United Kingdom  
GL53 7AN

**Study participating centre**  
**City Hospital**  
United Kingdom  
B18 7QH

**Study participating centre**  
**Essex County Hospital**  
United Kingdom  
CO3 3NB

**Study participating centre**  
**Forth Valley Royal Hospital**  
United Kingdom  
FK5 4WR

**Study participating centre**  
**Frenchay Hospital**  
United Kingdom  
BS16 1QR

**Study participating centre**  
**Frimley Park Hospital**  
United Kingdom  
GU16 7UJ

**Study participating centre**  
**Good Hope Hospital**  
United Kingdom  
B75 7RR

**Study participating centre**  
**Grantham and District Hospital**  
United Kingdom  
NG31 8DG

**Study participating centre**  
**Leeds General Infirmary**  
United Kingdom  
LS1 3EX

**Study participating centre**  
**Peterborough City Hospital**  
United Kingdom  
PE3 9GZ

**Study participating centre**  
**Princess Royal University Hospital**  
United Kingdom  
TF1 6TF

**Study participating centre**  
**Royal United Hospital**  
United Kingdom  
BA1 3NG

**Study participating centre**  
**Southport and Formby District General Hospital**  
United Kingdom  
PR8 6PN

**Study participating centre**  
**St James's University Hospital**  
United Kingdom  
LS9 7TF

**Study participating centre**

**St Margaret's Hospital**  
United Kingdom  
CM16 6TN

**Study participating centre**  
**The Queen Elizabeth Hospital**  
United Kingdom  
B15 2TH

**Study participating centre**  
**University Hospital**  
United Kingdom  
CV2 2DX

**Study participating centre**  
**Wishaw General Hospital**  
United Kingdom  
ML2 0DP

**Study participating centre**  
**Wythenshawe Hospital**  
United Kingdom  
M23 9LT

## **Sponsor information**

**Organisation**  
University Hospital Birmingham NHS Foundation Trust (UK)

**Sponsor details**  
c/o University of Birmingham  
Edgbaston  
Birmingham  
England  
United Kingdom  
B15 2TT

**Sponsor type**  
University/education



**ROR**

<https://ror.org/014ja3n03>

## **Funder(s)**

**Funder type**

Industry

**Funder Name**

Cancer Research UK

**Alternative Name(s)**

CR\_UK, Cancer Research UK - London, CRUK

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Other non-profit organizations

**Location**

United Kingdom

**Funder Name**

Pfizer UK - educational grant

**Alternative Name(s)**

Pfizer Ltd, Pfizer Limited

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

For-profit companies (industry)

**Location**

United Kingdom

## **Results and Publications**

**Publication and dissemination plan**

Current publication and dissemination plan as of 01/03/2022:

Planned publication in a high-impact peer-reviewed journal in approximately July 2022

Previous publication and dissemination plan:

Planned publication in a high-impact peer-reviewed journal in approximately November 2017

### Intention to publish date

31/07/2022

### Individual participant data (IPD) sharing plan

The datasets generated and/or analysed during the current study will be included in the subsequent results publication.

### IPD sharing plan summary

Other

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Abstract results</a>		15/02/2016	02/03/2022	No	No
<a href="#">Plain English results</a>			15/09/2022	No	Yes