IMAT-Neuroblastoma

Submission date	Recruitment status No longer recruiting	[X] Prospectively registered		
13/02/2017		[X] Protocol		
Registration date	Overall study status	Statistical analysis plan		
13/02/2017 Last Edited	Ongoing Condition category	Results		
		[] Individual participant data		
17/02/2025	Cancer	[X] Record updated in last year		

Plain English Summary

https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-looking-at-intensity-modulated-arc-therapy-for-people-with-neuroblastoma-imat

Study website

https://www.birmingham.ac.uk/research/activity/mds/trials/crctu/trials/IMAT-Neuroblastoma

Contact information

Type(s)

Public

Contact name

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Contact details

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

CPMS 33136

Study information

Scientific Title

A randomised Phase I/II study of Intensity Modulated Arc Therapy techniques in abdominal neuroblastoma

Acronym

IMAT

Study hypothesis

The aim of this study is to determine the radiotherapy dose, possibly higher than is currently standard and feasible, delivered by either IMAT or conventional radiotherapy techniques, for use in a subsequent international randomised phase III study.

Ethics approval required

Old ethics approval format

Ethics approval(s)

London - Hampstead Research Ethics Committee, 21/12/2016, ref: 16/LO/2186

Study design

Randomized; Interventional; Design type: Treatment, Radiotherapy

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 below to request a patient information sheet

Condition

Specialty: Cancer, Primary sub-specialty: Children's Cancer and Leukaemia; UKCRC code/ Disease: Cancer/ Malignant neoplasms of ill-defined, secondary and unspecified sites

Interventions

Participants will be randomised via paper-based telephone randomisation until the online remote database is live (https://www.cancertrials.bham.ac.uk/IMATlive). They will be

randomised in a 1:1 ratio according to a computerised minimisation algorithm, developed by the Trial Office, stratified according to MYCN amplification, Stage L2 or M and completeness of surgery.

Arm A: Participants receive a dose of 21 Gy in 14 fractions over 3 weeks Arm B: Participants receive a dose of 36 Gy in 24 Fractions over 5 weeks

The centre will then have four weeks after a planning scan to define the treatment area and work out a treatment plan for both IMAT and conventional radiotherapy and a central review board will decide on the best treatment for the patient.

All participants are followed up for the 30 days following the end of treatment to monitor for acute toxicity. Clinical assessments are every 6 months until 2 years post-randomisation date. Two years post randomisation there will be a local control assessment. Assessment as per local practice between 2-5 years post-randomisation. At 5 years post-randomisation there is a long-term toxicity assessment.

Intervention Type

Other

Primary outcome measure

The actual dose delivered to patients in Gy, covering total Gy given and in how many fractions is captured by form following end of treatment.

Secondary outcome measures

- 1. Acute toxicity is assessed using information acquired by telephone consultation or clinic visit at least weekly for the thirty days following the end of treatment
- 2. Local control is assessed as per standard practice (mIBG scans and cross-sectional imaging are typically performed) at 2 years after randomisation. In the absence of any other imaging modality being indicated for other purposes, an ultrasound examination or MRI scan is preferred to avoid additional radiation exposure.
- 3. Long-term side effects are recorded at 5 years after the patient was randomised according to the Late Toxicity RTOG scoring system. This information will be collected during routine clinic visits; no trial-specific visits are required.
- 4. Event-free survival (EFS) and overall survival (OS) are captured using case report forms at each follow up visit/phone call whether the patient is still alive and whether there is progression /recurrence. This is captured weekly post-treatment up until the end of thirty days post-treatment, then every 6 months until 2 years post-randomisation, then as per local practise from 2 years up until 5 years post-randomisation.

Overall study start date

01/06/2012

Overall study end date

28/12/2025

Eligibility

Participant inclusion criteria

1. Any patient with high-risk neuroblastoma of the abdominal or pelvic regions who requires radical radiotherapy

- 2. Fit to receive radical radiotherapy
- 3. Aged 18 months or over at diagnosis
- 4. Informed consent from patient, parent or guardian
- 5. Documented negative pregnancy test for female patients of childbearing potential
- 6. Patient agrees to use effective contraception during the treatment period (patients of childbearing age)

Participant type(s)

Patient

Age group

Mixed

Lower age limit

18 Months

Sex

Both

Target number of participants

Planned Sample Size: 50; UK Sample Size: 50

Total final enrolment

50

Participant exclusion criteria

Pregnant patient

Recruitment start date

21/02/2017

Recruitment end date

14/08/2020

Locations

Countries of recruitment

England

Northern Ireland

Scotland

United Kingdom

Wales

Study participating centre

University College Hospital

235 Euston Road Fitzrovia London United Kingdom NW1 2BU

Study participating centre Addenbrookes Hospital

Hills Road Cambridge United Kingdom CB2 0QQ

Study participating centre Belfast City Hospital

51 Lisburn Road Belfast United Kingdom BT9 7AB

Study participating centre Churchill Hospital

Old Road Headington Oxford United Kingdom OX3 7LE

Study participating centre City Hospital

Hucknall Road Nottingham United Kingdom NG5 1PB

Study participating centre Clatterbridge Cancer Centre

Lower Lane Fazakerley Liverpool United Kingdom L9 7AL

Study participating centre Freeman Hospital

Freeman Road High Heaton Newcastle upon Tyne United Kingdom NE7 7DN

Study participating centre Gartnavel Hospital

1053 Great Western Road Glasgow United Kingdom G12 0YN

Study participating centre Christie NHS Foundation Trust

550 Wilmslow Road Manchester United Kingdom M20 4BX

Study participating centre The Queen Elizabeth Hospital

Mindelsohn Way Birmingham United Kingdom B15 2TH

Study participating centre The Royal Marsden Hospital

203 Fulham Road Chelsea London United Kingdom SW3 6JJ

Study participating centre Southampton General Hospital

Tremona Road Southampton United Kingdom SO16 6YD

Study participating centre St. James University Hospital

Beckett Street Leeds United Kingdom LS9 7TF

Study participating centre Velindre Cancer Centre

Velindre Road Cardiff United Kingdom CF14 2TL

Study participating centre Weston Park Hospital

Whitham Road Sheffield United Kingdom S10 2SJ

Sponsor information

Organisation

University of Birmingham

Sponsor details

Research Support Group Aston Webb Building (Block B) Birmingham England United Kingdom B15 2TT +44 1214 158011 researchgovernance@contacts.bham.ac.uk

Sponsor type

University/education

ROR

https://ror.org/03angcq70

Funder(s)

Funder type

Charity

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

Results and Publications

Publication and dissemination plan

Publication is intended to be in peer-reviewed scientific journals, internal reports, conference presentations, website publications, submission to regulatory authorities.

Intention to publish date

21/02/2026

Individual participant data (IPD) sharing plan

The current data sharing plans for the current study are unknown and will be made available at a later date.

IPD sharing plan summary

Data sharing statement to be made available at a later date

Study outputs

Output type	Details version v3.0	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol file		15/05/2018	22/07/2020	No	No
HRA research summary			28/06/2023	No	No
Plain English results			20/06/2024	No	Yes