# A comparison of pelvic extended nodal irradiation and stereotactic body radiotherapy for patients with recurrent prostate cancer

Submission date 11/06/2024	<b>Recruitment status</b> Recruiting	[X] Prospectively registered	
		[X] Protocol	
Registration date	<b>Overall study status</b> Ongoing	Statistical analysis plan	
23/09/2024		[_] Results	
<b>Last Edited</b> 17/01/2025	<b>Condition category</b> Cancer	[_] Individual participant data	
		[X] Record updated in last year	

## Plain English summary of protocol

Background and study aims

Prostate cancer can come back after previous treatment with surgery or radiotherapy in glands (known as lymph nodes) in the pelvis, which is what happened to you. When this happens, there are different treatments that could be used for your cancer, but we do not know for certain which treatment is best. The POINTER-PC study is trying to work this out.

Who can participate?

All participants approached about this study have prostate cancer which has come back in lymph glands in their pelvis.

What does the study involve?

Two different types of radiotherapy could be used. The gland(s) could be treated with focused radiotherapy given in a small number of treatments (5 treatments), which is called stereotactic body radiotherapy (SBRT). Or, both the surrounding pelvis as well as the gland(s) known to be cancerous could be treated with radiotherapy. This is known as pelvis radiotherapy.

What are the possible benefits and risks of participating?

This study will compare pelvis radiotherapy with SBRT to see which is better at stopping the cancer from coming back again. Pelvis radiotherapy is usually given in 20 treatments, but it could be shortened to give it in 5 treatments instead. In the study, we will also check if pelvis radiotherapy can be safely given in 5 treatments instead of 20 treatments. Pelvis radiotherapy might be better than SBRT at stopping the cancer coming back again in the pelvis or in another part of the body. SBRT and pelvis radiotherapy in either 5 or 20 treatments can have side effects. Hormone therapies and chemotherapy also carry a risk of side effects.

Where is the study run from? The Clinical Trials Research Unit at the University of Leeds (UK)

When is the study starting and how long is it expected to run for? October 2023 to November 2031 Who is funding the study? Yorkshire Cancer Research (UK)

Who is the main contact? The POINTER-PC trial team at POINTERPC@leeds.ac.uk

## **Contact information**

**Type(s)** Principal Investigator

**Contact name** Dr Ann Henry

**Contact details** Department of Clinical Oncology, St James's University, Beckett St Leeds United Kingdom LS9 7TF -

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**Type(s)** Public, Scientific

**Contact name** Dr Samantha Noutch

## Contact details

Leeds Institute of Clinical Trials Research (LICTR), Level 10, Worsley Building, Clarendon Way, University of Leeds Leeds United Kingdom LS2 9NL

pointerpc@leeds.ac.uk

## Additional identifiers

**EudraCT/CTIS number** Nil known

IRAS number 327827

**ClinicalTrials.gov number** Nil known

Secondary identifying numbers CPMS 62335, CRCPSC-Jul23/100003

## Study information

## Scientific Title

Pelvis Or Involved Node Treatment: Eradicating Recurrence in Prostate Cancer (POINTER-PC)

#### Acronym

POINTER-PC

### **Study objectives**

**Objectives:** 

1. To compare ENI (ENI-20 and ENI-5) with SBRT for the endpoint of Metastatic free survival. 2. To compare ENI-5 with ENI-20 for the endpoint of patient reported outcome measure (PROM)assessed late bowel toxicity at 3 years.

## Ethics approval required

Ethics approval required

### Ethics approval(s)

Approved 22/05/2024, East of England – Cambridgeshire and Hertfordshire Research Ethics Committee (2 Redman Place, Stratford, London, E20 1JQ, United Kingdom; +44 20 7104 8096; cambsandherts.rec@hra.nhs.uk), ref: 24/EE/0099

### **Study design** 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 to request a patient information sheet

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

Prostate cancer

#### Interventions

All participants will receive 12 months of hormone therapy, Androgen Deprivation Therapy (ADT), starting either on the first day of radiotherapy or up to one month before radiotherapy starts.

A computer-generated minimisation program that incorporates a random element will be used to ensure the treatment groups are well-balanced for the following factors:

Number of pelvic nodal recurrences

The type of PET-CT at diagnosis of recurrence

Whether the participant is planned for systemic anticancer therapy in addition to ADT (docetaxel /second-generation androgen receptor antagonist or androgen biosynthesis inhibitor) versus none

Randomisation will be performed centrally using the CTRU automated 24-hour randomisation system. Following confirmation of written informed consent and eligibility, participants will be randomised to receive either stereotactic body radiotherapy, pelvis radiotherapy in 5 fractions, or pelvis radiotherapy in 20 fractions on a 2:1:1 basis, respectively.

### Prior to treatment:

Participants will be assessed for their toxicity levels before treatment begins. They will also be required to complete two questionnaires to assess their status and quality of life. Samples for translational research purposes, including blood and tissue samples, will be collected at this time. Consent for blood samples is optional and will be confirmed with the CTRU. Blood samples will be taken at three time points: prior to treatment, upon completion of treatment, and 3 months after radiotherapy. Consent for providing tissue blocks is mandatory, and participants must agree to the collection and sending of tissue blocks to external labs to participate in the study. One FFPE original biopsy or prostatectomy specimen tissue block will be collected at baseline.

### On treatment:

Depending on randomisation, participants will receive either stereotactic body radiotherapy or pelvis radiotherapy in 5 or 20 fractions.

Stereotactic body radiotherapy: 30-40 Gy in 5 fractions delivered on alternate days over 2 weeks, targeting the involved nodes.

Pelvis radiotherapy in 5 fractions: 25 Gy in 5 fractions plus a simultaneous integrated boost of 30-40 Gy, delivered on alternate days over 2 weeks, targeting the pelvic nodal area.

Pelvis radiotherapy in 20 fractions: 44 Gy in 20 fractions plus a simultaneous integrated boost of 54 Gy to macroscopically involved node(s), delivered daily over 4 weeks, targeting the pelvic nodal area.

Treatments will be delivered using intensity-modulated RT (IMRT) with daily online image guidance. Additional systemic anticancer therapies (docetaxel/second-generation androgen receptor antagonist or androgen biosynthesis inhibitor) will be allowed post-radiotherapy. The radiotherapy will be delivered Monday to Friday for either 2 or 4 weeks, depending on the treatment.

## End of treatment:

Participants will be assessed for toxicity at the end of treatment, and a clinical assessment will be performed. Optional translational blood samples will also be taken at this time.

## Follow-up assessments:

Follow-up visits will take place 2 weeks, 6 weeks, 3, 6, 12, 18, 24, 30, and 36 months after the conclusion of radiotherapy. These visits may be conducted in person or over the phone. For phone visits, the participant's GP will need to perform a PSA blood test and, if consented to, collect a blood sample before the appointment. Reminders for completing the quality-of-life questionnaires will be sent 2 weeks and 4 weeks after the initial link is sent, if the questionnaire has not been completed. Data collection will include:

A clinical assessment at every follow-up visit Toxicity assessments at 2 weeks, 6 weeks, 3, 6, 12, 18, 24, 30, and 36 months Health-related quality of life questionnaires at 2 weeks, 3, 6, 12, 24, and 36 months (reminders will be sent as needed) Optional translational blood samples at 3 months PSA blood tests at 6 weeks, 3, 6, 12, 18, 24, 30, and 36 months (standard care) Data analysis: The statistical analysis will be conducted by CTRU statisticians. A detailed statistical analysis plan will be written before any analysis is undertaken, following CTRU standard operating

procedures. The primary endpoint analysis will take place once the final participant reaches their primary endpoint (3 years post-treatment) and once all data have been collected and cleaned.

There will be no formal interim analyses, but an independent data monitoring and ethics committee will review interim safety and accrual data to monitor trial progress. Procedures are in place to detect and address potential "researcher effects" and "researcher bias."

### Intervention Type

**Biological/Vaccine** 

## Pharmaceutical study type(s)

Not Applicable

### Phase

Phase III

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

Androgen Deprivation Therapy

## Primary outcome measure

Current primary outcome measure as of 06/11/2024:

1. Metastatic free survival (defined as time from randomisation to progression of the treated node(s), new nodal, bone or visceral metastatic disease, or death due to Prostate Cancer (PCa)) measured using patient records

2. PROM-assessed late bowel toxicity at 3 years, measured using the Expanded Prostate Cancer Index Composite 26-item questionnaire (EPIC-26) bowel function sub-domain.

Previous primary outcome measure:

Metastatic free survival (defined as the time from randomisation to progression of the treated node(s), new nodal, bone or visceral metastatic disease, or death due to Prostate Cancer (PCa)) measured using patient records

## Secondary outcome measures

Current secondary outcome measure as of 06/11/2024:

1. Overall survival (defined as the time from randomisation to death from any cause)

2. Biochemical progression-free survival (bPFS, defined as ≥2 ng/ml increase in PSA above the nadir value achieved after completion of RT)

3. Failure-free survival (defined as the time from randomisation to biochemical failure, the commencement of further anticancer therapy for PCa, further nodal, bone or visceral metastases or death from PCa)

4. Patterns of failure: Local, treated-node(s), other regional/ pelvic lymph node(s), para-aortic

lymph node(s), other extra-pelvic lymph node(s), bone metastasis, visceral metastasis (liver, lung), other metastasis

5. Urinary and bowel toxicities, measured using the relevant EPIC-26 function and other subdomains at baseline and 2 weeks, 3 months, 12 months, 24 months and 36 months post-RT 6. Health-Related Quality of Life (HRQoL), measured using EORTC QLQ-C30 at baseline and 2 weeks, 3 months, 12 months, 24 months and 36 months post-RT

7. Clinician-reported toxicity at baseline, 2 weeks, 6 weeks, 3 months, 6 months, 12 months, 18 months, 24 months, 30 months and 36 months post-RT and maximum acute (≤3 months) and late (>3 months) bowel and urinary toxicity, measured using CTCAE v5.0

### Previous secondary outcome measure:

PROM-assessed late bowel toxicity at 3 years, measured using the Expanded Prostate Cancer Index Composite 26-item questionnaire (EPIC-26) bowel function sub-domain.

## Overall study start date

01/10/2023

## **Completion date**

30/11/2031

## Eligibility

## Key inclusion criteria

Current participant inclusion criteria as of 06/11/2024:

- 1. Age >=18 years, male
- 2. Histological diagnosis of prostate adenocarcinoma

3. Previous primary prostate cancer (PCa) treatment (radical prostatectomy [RP], primary/ postoperative radiotherapy [RT] or brachytherapy without previous pelvic nodal RT)

4. Maximum of three PET-CT (PSMA or Choline PET-CT) defined macroscopically-involved pelvic lymph nodes (upper limit of the pelvis is defined as the aortic bifurcation) within 6 months prior to randomisation

- 5. World Health Organisation (WHO) performance status 0-2
- 6. Willing to be randomised to stereotactic body radiotherapy (SBRT), ENI-5 or ENI-20
- 7. Patients must be able to provide study-specific written informed consent
- 8. Prepared to participate in follow-up by telephone or in-person

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## Participant type(s)

Patient

## Age group

Adult

## Lower age limit

18 Years

## Sex

Male

## Target number of participants

Planned Sample Size: 480; UK Sample Size: 480

## Key exclusion criteria

- 1. Previous pelvic nodal radiotherapy
- 2. Contraindications to SBRT or ENI (e.g. inflammatory bowel disease)
- 3. Contraindications to ADT
- 4. Local recurrence in the prostate gland
- 5. Para-aortic nodal metastases (above the aortic bifurcation)
- 6. Meso-rectal nodal metastases
- 7. Bone or visceral metastases
- 8. Severe late toxicity relating to primary/post-operative RT

9. Other active malignancy (except non-melanoma skin cancer or other malignancy with a documented disease-free survival for a minimum of 3 years before randomisation) 10. Castrate-resistant disease

## Date of first enrolment

01/12/2024

## Date of final enrolment

30/11/2028

## Locations

**Countries of recruitment** England

Northern Ireland

Scotland

United Kingdom

#### Study participating centre The Christie NHS Foundation Trust 550 Wilmslow Road Withington Manchester United Kingdom M20 4BX

#### **Study participating centre Cambridge University Hospitals NHS Foundation Trust** Cambridge Biomedical Campus Hills Road Cambridge United Kingdom CB2 0QQ

#### Study participating centre Belfast Health and Social Care Trust

Trust Headquarters A Floor - Belfast City Hospital Lisburn Road Belfast United Kingdom BT9 7AB

#### Study participating centre University Hospitals Birmingham NHS Foundation Trust Queen Elizabeth Hospital Mindelsohn Way Edgbaston Birmingham United Kingdom B15 2GW

Study participating centre University Hospitals Bristol and Weston NHS Foundation Trust Trust Headquarters Marlborough Street Bristol United Kingdom BS1 3NU

#### Study participating centre The Clatterbridge Cancer Centre NHS Foundation Trust Clatterbridge Hospital Clatterbridge Road Bebington Wirral

United Kingdom CH63 4JY

#### Study participating centre

NHS Lothian Waverley Gate 2-4 Waterloo Place Edinburgh United Kingdom EH1 3EG

#### **Study participating centre Guys and St Thomas' NHS Foundation Trust** 249 Westminster Bridge Road London United Kingdom SE1 7EH

#### **Study participating centre Hull University Teaching Hospitals NHS Trust** Hull Royal Infirmary Anlaby Road Hull United Kingdom HU3 2JZ

#### Study participating centre South Tees Hospitals NHS Foundation Trust James Cook University Hospital Marton Road Middlesbrough United Kingdom TS4 3BW

#### **Study participating centre Leeds Teaching Hospitals NHS Trust** St. James's University Hospital Beckett Street Leeds United Kingdom LS9 7TF

#### Study participating centre United Lincolnshire Hospitals NHS Trust Lincoln County Hospital Greetwell Road Lincoln United Kingdom LN2 5QY

**Study participating centre East and North Hertfordshire NHS Trust** Lister Hospital Coreys Mill Lane Stevenage United Kingdom SG1 4AB

#### Study participating centre

Somerset NHS Foundation Trust Trust Management Lydeard House Musgrove Park Hospital Taunton United Kingdom TA1 5DA

Study participating centre The Newcastle upon Tyne Hospitals NHS Foundation Trust Freeman Hospital Freeman Road High Heaton Newcastle upon Tyne United Kingdom NE7 7DN

**Study participating centre Norfolk and Norwich University Hospitals NHS Foundation Trust** Colney Lane Colney Norwich United Kingdom NR4 7UY

#### Study participating centre North Middlesex University Hospital NHS Trust North Middlesex Hospital Sterling Way London United Kingdom N18 1QX

**Study participating centre Royal Free London NHS Foundation Trust** Royal Free Hospital Pond Street London United Kingdom NW3 2QG

#### **Study participating centre The Royal Marsden NHS Foundation Trust** Fulham Road London United Kingdom SW3 6JJ

**Study participating centre Royal Surrey County Hospital NHS Foundation Trust** Egerton Road Guildford United Kingdom GU2 7XX

Study participating centre Torbay and South Devon NHS Foundation Trust Torbay Hospital Newton Road Torquay United Kingdom TQ2 7AA

#### **Study participating centre University College London Hospitals NHS Foundation Trust** 250 Euston Road London United Kingdom NW1 2PG

#### Study participating centre Sheffield Teaching Hospitals NHS Foundation Trust Northern General Hospital Herries Road Sheffield United Kingdom S5 7AU

**Study participating centre East Suffolk and North Essex NHS Foundation Trust** Colchester Dist General Hospital Turner Road Colchester United Kingdom CO4 5JL

Study participating centre Greater Glasgow and Clyde Gartnavel Royal Hospital 1055 Great Western Road Glasgow United Kingdom G12 0XH

**Study participating centre Lancashire Teaching Hospitals NHS Foundation Trust** Royal Preston Hospital Sharoe Green Lane Fulwood Preston United Kingdom PR2 9HT **Study participating centre Royal Cornwall Hospitals NHS Trust** Royal Cornwall Hospital Treliske Truro United Kingdom TR1 3LJ

**Study participating centre University Hospitals of Derby and Burton NHS Foundation Trust** Royal Derby Hospital Uttoxeter Road Derby United Kingdom DE22 3NE

**Study participating centre Mid and South Essex NHS Foundation Trust** Prittlewell Chase Westcliff-on-sea United Kingdom SS0 0RY

**Study participating centre Barts Health NHS Trust** The Royal London Hospital 80 Newark Street London United Kingdom E1 2ES

**Study participating centre York and Scarborough Teaching Hospitals NHS Foundation Trust** York Hospital Wigginton Road York United Kingdom YO31 8HE

Study participating centre

### Maidstone and Tunbridge Wells NHS Trust

The Maidstone Hospital Hermitage Lane Maidstone United Kingdom ME16 9QQ

#### **Study participating centre Imperial College Healthcare NHS Trust** The Bays St Marys Hospital South Wharf Road London United Kingdom W2 1BL

## Sponsor information

Organisation

University of Leeds

#### **Sponsor details**

Woodhouse Lane Leeds England United Kingdom LS2 9JT +44 113 343 7587 governance-ethics@leeds.ac.uk

## Sponsor type

University/education

#### Website http://www.leeds.ac.uk/

ROR https://ror.org/024mrxd33

## 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

**Funder Name** Yorkshire Cancer Research

## **Results and Publications**

## Publication and dissemination plan

Planned publication in a peer-reviewed journal

Intention to publish date 01/11/2031

## Individual participant data (IPD) sharing plan

After the final trial results publication, researchers may request access to data from the POINTER-PC Trial Management Group and Leeds Cancer Research UK Clinical Trials Unit.

## IPD sharing plan summary

Available on request

#### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article		26/12/2024	17/01/2025	Yes	No