# Radical management of advanced non-small cell lung cancer

Submission date	Recruitment status  No longer recruiting	[X] Prospectively registered		
21/07/2022		[X] Protocol		
Registration date 22/07/2022	Overall study status Ongoing	Statistical analysis plan		
		Results		
<b>Last Edited</b> 19/02/2025	<b>Condition category</b> Cancer	Individual participant data		
		[X] Record updated in last year		

#### Plain English summary of protocol

https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-study-looking-at-further-treatment-after-initial-treatment-for-advanced-non-small-cell-lung-cancer

#### Background and study aims

Lung cancer is the most common cause of cancer death worldwide, and the majority of patients in the UK present with advanced disease. One-year survival is improving but remains low at 37% despite new treatments which now form the current standard of care for advanced lung cancer. Although these new treatments are very good, some cancer persists in most patients after treatment (termed 'residual cancer') and little is known about how best to deal with it. As such, management of residual advanced lung cancer varies across the UK, with some patients receiving only symptom management while others go on to have treatment in the form of surgery, radiotherapy and/or ablation with the aim to remove all remaining cancer within the lung and throughout the body. Collectively, these treatments are known as local consolidative treatment (LCT). LCT is intensive, impacts quality of life and is expensive but most importantly, it is not known whether it results in a better outcome for patients.

The aim of this study is to find out whether LCT alongside symptom management is worthwhile (or not) for patients with residual advanced lung cancer. Patients who agree to join the study will be divided into two equal-sized groups. One group will receive LCT alongside symptom management and the other group will receive symptom management alone. The study will compare the two groups' overall survival and quality of life, as well as the cost-effectiveness for the NHS.

#### Who can participate?

Patients aged 18 years and over with advanced stage (stage IV) non-small cell lung cancer who have undergone a course of initial systemic anti-cancer treatment.

#### What does the study involve?

After reading the study information and having discussions with the research team if necessary, participants will be asked to sign a consent form to document their willingness to take part in the study. As it is not known if it is better to have LCT alongside symptom management or have symptom management alone, the type of treatment a participant receives will be allocated through a process called randomisation (neither the participant, doctors/nurses nor the research

team can choose which group a participant goes into). Each person has an equal chance of being in each group. The two groups a participant could be randomly allocated into are:

1. LCT (made up of surgery, radiotherapy and/or ablation) in addition to symptom management 2. Symptom management alone.

If a participant is allocated to receive LCT, their care team will decide on the most clinically appropriate type of treatment, in the form of surgery, radiotherapy and/or ablation for each current cancer site and any additional new sites that may arise. Where appropriate treatments to improve symptoms may also be given.

If a participant is allocated to receive symptom management alone, their care team will decide on the most clinically appropriate treatment(s).

Participants will also be asked to complete some questionnaires, once before they are randomised into the study; at 6 weeks after randomisation; and then every 6 months until the end of the study, for a minimum of 2 years and a maximum of 5 years. These questionnaires will give the study team information about a participant's quality of life and overall wellbeing.

What are the possible benefits and risks of participating?

It is hoped that any treatment a participant receives will help them, however this cannot be guaranteed. The information gained from the study may help improve the treatment of people with advanced lung cancer in the future.

The treatment received as part of either LCT or symptom management may result in a participant experiencing some side effects which will be explained by the treating clinician and also listed in the patient information sheet. The study may also result in increased exposure to ionising radiation which can also cause short-term side effects. Ionising radiation may also cause cancer many years or decades after the exposure however the chance of this happening to people with this clinical condition is extremely small.

Where is the study run from?
Bristol Trials Centre at the University of Bristol (UK)

When is the study starting and how long is it expected to run for? August 2021 to June 2026

Who is funding the study? National Institute for Health and Care Research (NIHR) (UK)

Who is the main contact?
Miss Chloe Beard, ramon-study@bristol.ac.uk

### Contact information

### Type(s)

Principal investigator

#### Contact name

Prof Eric Lim

#### Contact details

Royal Brompton Hospital Sydney Street London United Kingdom SW3 6NP +44 (0)2073518591 e.lim@rbht.nhs.uk

#### Type(s)

Scientific

#### Contact name

Prof Eric Lim

#### Contact details

Royal Brompton Hospital Sydney Street London United Kingdom SW3 6NP +44 (0)2073518591 e.lim@rbht.nhs.uk

#### Type(s)

Public

#### Contact name

Miss Chloe Beard

#### Contact details

Bristol Trials Centre, University of Bristol
1-5 Whiteladies Road
Clifton
Bristol
United Kingdom
BS8 1NU
+44 (0)117 455 6706
ramon-study@bristol.ac.uk

### Additional identifiers

#### Clinical Trials Information System (CTIS)

Nil known

### Integrated Research Application System (IRAS)

308485

#### ClinicalTrials.gov (NCT)

Nil known

#### Protocol serial number

IRAS 308485, NIHR131306, CPMS 53678

### Study information

#### Scientific Title

Multi-modality local consolidative treatment versus conventional care of advanced lung cancer after first-line systemic anti-cancer treatment: a multi-centre randomised controlled trial with an internal pilot

#### Acronym

**RAMON** 

#### **Study objectives**

Local consolidative treatment (LCT) in addition to maintenance systemic anti-cancer treatment and/or supportive care (conventional care) improves overall survival by an absolute 20% at 2 years compared to conventional care alone.

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Approved 06/10/2022, West of Scotland REC 3 (Research Ethics, Ward 11, Dykebar Hospital, Grahamston Road, Paisley, PA2 7DE, United Kingdom; +44 (0)141 314 0212; WoSREC3@ggc.scot. nhs.uk), ref: 22/WS/0121

#### Study design

Pragmatic multi-centre randomized controlled trial

#### Primary study design

Interventional

### Study type(s)

Treatment

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

Stage IV advanced lung cancer

#### **Interventions**

RAMON is a pragmatic, multi-centre randomised controlled trial (RCT) in NHS hospitals, with an internal pilot phase and active follow-up for a minimum of 2 years. The full RCT will evaluate the acceptability, effectiveness and cost-effectiveness of Local Consolidative Treatment (LCT) alongside symptom management versus symptom management alone, after first-line treatment for advanced lung cancer. Recruiting sites will be supported with an integrated QuinteT Recruitment Intervention (QRI) and patients will be followed up for quality of life and resource use outcomes at various points over a minimum of a 2-year period.

Patients with stage IV advanced lung cancer who have undergone a course of initial systemic anti-cancer treatment and consent to participate in the study will be randomised using a secure internet-based randomisation system into one of two groups:

- 1. Local consolidative treatment (LCT) alongside symptom management treatment
- 2. Symptom management treatment alone

For participants randomised to receive LCT, treating clinicians will decide the most clinically appropriate treatment in the form of surgery, radiotherapy or ablation with radical intent

(prolonging survival). Each current disease site and any new disease sites that may arise throughout the duration of the study will be treated accordingly.

For participants who are randomised to receive symptom management alone, treating clinicians will decide the most clinically appropriate treatment with the intention of relieving symptoms only.

#### Intervention Type

Other

#### Primary outcome(s)

Overall survival, defined as date of randomisation to death from any cause (minimum follow-up 2 years after randomisation)

#### Key secondary outcome(s))

- 1. Disease progression-free survival (PFS), defined as the time from randomisation to documented disease progression, as evaluated by local site radiologist from CT or PET/CT scan (e.g. CT of the head, chest, abdomen, pelvis and other anatomical sites); bone scan or MRI, carried out as part of the patients' standard care (minimum follow-up 2 years after randomisation) or death from any cause
- 2. Serious adverse health events recorded using safety reporting processes and data collection forms from randomisation to the end of the study (minimum of 2 years)
- 3. Patient-reported HRQoL measured using the European Organisation For Research and Treatment of Cancer's Quality of Life Questionnaire-C30 (EORTC QLQ-C30) from randomisation to the end of the study (minimum of 2 years)
- 4. Health-related quality of life measured using the European Organisation For Research and Treatment of Cancer's Quality of Life Questionnaire-LC13 (EORTC QLQLC13) to the end of the study (minimum of 2 years)
- 5. Health-related quality of life measured using the EQ-5D-5L questionnaire (EuroQol EQ-5D-5L) to the end of the study (minimum of 2 years)

#### Completion date

30/06/2026

### **Eligibility**

### Key inclusion criteria

- 1. 18 years of age or over
- 2. Tissue confirmed non-small cell lung cancer pre-treatment clinical stage IV
- 3. Lung cancer treatment naïve prior to initial study systemic anti-cancer treatment
- 4. Completed standard of care systemic anti-cancer treatment
- 5. Performance status 0 (i.e. asymptomatic) or performance status 1 (i.e. symptomatic but completely ambulatory) as per Eastern Cooperative Oncology Group (ECOG) definitions 6. LCT eligible disease, defined as all disease sites amenable to radical treatment (e.g. surgery, radiotherapy or ablation)

#### Participant type(s)

Patient

#### Healthy volunteers allowed

No

#### Age group

Adult

#### Lower age limit

18 years

#### Sex

All

#### Total final enrolment

11

#### Key exclusion criteria

- 1. Serious concomitant disorder that would compromise patient safety during LCT
- 2. Complications from initial systemic anti-cancer treatment that precludes maintenance systemic anti-cancer treatment
- 3. Patient unable/unwilling to adhere to study procedures
- 4. Patient unable to give written informed consent
- 5. Women who are pregnant or breast feeding
- 6. Co-enrolment in another trial if either: interventional trial that aims to improve survival, not permitted by other trial, would result in too much patient burden

#### Date of first enrolment

21/02/2023

#### Date of final enrolment

12/01/2024

### Locations

#### Countries of recruitment

**United Kingdom** 

England

Scotland

Wales

### Study participating centre

The Royal Brompton & Harefield Hospitals

Royal Brompton Hospital and Harefield hospitals Sydney Street London United Kingdom SW3 6NP

### Study participating centre

Chelsea and Westminster Hospital NHS Foundation Trust

Chelsea & Westminster Hospital 369 Fulham Road London United Kingdom SW10 9NH

### Study participating centre

University Hospital of South Manchester NHS Foundation Trust

Wythenshawe Hospital Southmoor Road Wythenshawe Manchester United Kingdom M23 9LT

### Study participating centre Imperial College Healthcare NHS Trust

The Bays St Marys Hospital South Wharf Road London United Kingdom W2 1BL

### 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

Nottingham University Hospitals NHS Trust - City Campus

Nottingham City Hospital Hucknall Road Nottingham United Kingdom NG5 1PB

### Study participating centre New Cross Hospital

Wolverhampton Rd Heath Town Wolverhampton United Kingdom WV10 0QP

### Study participating centre Queen Elizabeth Hospital

Mindelsohn Way Birmingham United Kingdom B15 2GW

## Study participating centre University Hospitals Plymouth NHS Trust

Derriford Hospital Derriford Road Derriford Plymouth United Kingdom PL6 8DH

### Study participating centre University Hospitals of Leicester NHS Trust

Leicester Royal Infirmary Infirmary Square Leicester United Kingdom LE1 5WW

# Study participating centre St. Bartholomews Hospital

West Smithfield London United Kingdom EC1A 7BE

#### Southend University Hospital

Prittlewell Chase Westcliff-on-sea United Kingdom SSO ORY

### Study participating centre Clatterbridge Cancer Centre

Clatterbridge Hospital Clatterbridge Road Wirral United Kingdom CH63 4JY

Study participating centre
Clatterbridge Cancer Centre - Liverpool
65 Pembroke PLACE
Liverpool
United Kingdom
L7 8YA

### Sponsor information

### Organisation

Royal Brompton Hospital

#### **ROR**

https://ror.org/00cv4n034

### Funder(s)

#### Funder type

Government

#### **Funder Name**

National Institute for Health and Care Research

#### Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

#### **Funding Body Type**

Government organisation

#### **Funding Body Subtype**

National government

#### Location

United Kingdom

### **Results and Publications**

#### Individual participant data (IPD) sharing plan

Data will not be made available for sharing until after publication of the main results of the study unless agreed by the Chief Investigator/Trial Management Group on a case by case basis. Thereafter, anonymised individual patient data will be made available for secondary research, conditional on assurance from the secondary researcher that the proposed use of the data is compliant with the MRC Policy on Data Sharing regarding scientific quality, ethical requirements and value for money. A minimum requirement with respect to scientific quality will be a publicly available pre-specified protocol describing the purpose, methods and analysis of the secondary research, e.g. a protocol for a Cochrane systematic review. Anonymised consultation data collected through the QinteT Recruitment Intervention may be used for training and for crosstrial synthesis once trial recruitment is complete and the report on this element of the research is completed. Please contact Prof Eric Lim using the following email: ramon-study@bristol.ac.uk

### IPD sharing plan summary

Available on request

### **Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article		10/12/2023	11/12/2023	Yes	No
HRA research summary			28/06/2023	No	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Study website	Study website	11/11/2025	11/11/2025	No	Yes