

# Whole Brain Radiotherapy following local treatment of melanoma

<b>Submission date</b> 28/07/2011	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 28/07/2011	<b>Overall study status</b> Completed	<input checked="" type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 07/11/2022	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

<http://cancerhelp.cancerresearchuk.org/trials/a-trial-looking-radiotherapy-melanoma-that-has-spread-brain>

## Study website

<http://www.octo-oxford.org.uk/alltrials/trials/WBRT.html>

## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

NCT01503827

## Secondary identifying numbers

9841

# Study information

## Scientific Title

Whole Brain Radiotherapy following local treatment of intracranial metastases of melanoma a randomised phase III trial

## Acronym

WBRT

## Study objectives

Brain metastases are a common cause of death in patients with melanoma. The use of whole brain radiotherapy (WBRT) after excision and/or stereotactic irradiation for melanoma brain metastases is variable and controversial because there is no high quality evidence to guide practice.

This study looks at whether the addition of WBRT following excision/steriotactic irradiation will improve intracranial control and survival, without significant impairment of quality of life or neurocognitive function.

Participants are randomly assigned to have WBRT or not after treatment of their brain metastases. Randomisation should occur within 6 weeks of completion of local treatment. If allocated, WBRT treatment is given as 30 Gy in 10 fractions and should start within 8 weeks of local treatment.

On 10/04/2014 the following changes were made to the trial record:

1. The anticipated end date was changed from 30/04/2014 to 30/04/2018
2. The target number of participants UK sample size was changed from 40 to 20

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Oxfordshire Research Ethics Committee C, 14 March 2011, ref: 11/H0606/1

## Study design

Randomised, interventional, treatment

## 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

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

Melanoma

## **Interventions**

1. Patients will be randomised 1:1 using an Interactive Voice Randomisation System (IVRS)
2. Randomisation will be stratified by centre, gender, number of CNS metastases, extracranial metastases and planned radiotherapy.
3. WBRT, 30 Gy in 10 fractions

## **Intervention Type**

Other

## **Phase**

Phase III

## **Primary outcome measure**

The proportion of patients with distant intracranial failure at 12 months after follow-up

## **Secondary outcome measures**

1. Deterioration in neurocognitive function (NCF)
2. The main neurocognitive function endpoint will be defined as the proportion of patients who have deterioration
3. Overall survival - will be assessed from date of randomisation to date of death from any cause
4. Time to deterioration in health related Quality of Life parameters - the primary QOL endpoint will be time to deterioration in role function from randomisation, with deterioration
5. Time to deterioration in performance status as measured by ECOG - defined as the time that elapses between randomisation and the first recorded worsening (including time to distant intracranial failure) measured by the time difference between the randomisation MRI and Intracranial Failure
6. Time to local intracranial failure measured by the time difference between the pre-randomisation MRI and Intracranial Fail
7. Time to overall (distant + local) intracranial failure, determined through MRI and is defined as the time to the first recurrence of disease anywhere

Added 10/04/2014:

8. Incremental cost-effectiveness ratio (ICER). A within-trial economic evaluation of WBRT compared to observation

## **Overall study start date**

01/05/2011

## **Completion date**

30/04/2018

## **Eligibility**

## **Key inclusion criteria**

Current inclusion criteria as of 10/04/2014:

1. One to three intracranial metastases on MRI from melanoma, locally treated with either surgical excision and/or stereotactic irradiation. It will be assumed that the metastases are melanoma if the patient has documented histological or radiological concurrent extracranial disease that has already made the patient stage IV. If the cerebral lesion(s) is/are the first presentation of stage IV disease, then one metastasis must be histologically proven to be melanoma for the patient to be included in the study
2. Life expectancy of at least 6 months
3. Aged 18 years or older
4. WBRT must begin within 8 weeks of completion of localised treatment and within 4 weeks of randomisation
5. Able to have an MRI brain scan with contrast. Estimated Glomerular Filtration Rate (eGFR) is adequate at the discretion of the radiologist and capable of having gadolinium-containing contrast medium for MRI (as per practice guidelines).
6. Localised treatment of all these metastases no more than 6 weeks prior to randomisation
7. An ECOG performance status between 0 and 2 at randomisation
8. CT or PET scan of chest, abdomen and pelvis as a minimum prior to randomisation. Scans must be within 12 weeks of randomisation
9. Serum Lactate Dehydrogenase (LDH) must be  $\leq 2 \times$  upper limit of normal
10. Able to provide written informed consent
11. Male or female participants

Previous inclusion criteria:

1. One to three intracranial metastases on MRI from melanoma, locally treated with either surgical excision and/or stereotactic irradiation. It will be assumed that the metastases are melanoma if the patient has documented histological or radiological concurrent extracranial disease that has already made the patient stage IV. If the cerebral lesion(s) is/are the first presentation of stage IV disease, then one metastasis must be histologically proven to be melanoma for the patient to be included in the study
2. Life expectancy of at least 6 months
3. Aged 18 years or older
4. WBRT must begin within 8 weeks of completion of localised treatment and within 4 weeks of randomisation
5. Able to have an MRI brain scan with contrast. Estimated Glomerular Filtration Rate (eGFR) is adequate at the discretion of the radiologist and capable of having gadolinium-containing contrast medium for MRI (as per practice guidelines).
6. Localised treatment of all these metastases no more than 6 weeks prior to randomisation
7. An ECOG performance status between 0 and 2 at randomisation
8. CT scan of chest, abdomen and pelvis as a minimum prior to randomisation. Scans must be within 12 weeks of randomisation
9. Serum Lactate Dehydrogenase (LDH) must be  $\leq 2 \times$  upper limit of normal
10. Able to provide written informed consent
11. Male or female participants

## **Participant type(s)**

Patient

## **Age group**

Adult

**Lower age limit**

18 Years

**Sex**

Both

**Target number of participants**

Planned Sample Size: 200; UK Sample Size: 20

**Key exclusion criteria**

1. Any untreated intracranial disease
2. Any previous intracranial treatment (surgical excision and/or stereotactic irradiation treatment and/or WBRT) prior to this diagnosis of intracranial melanoma
3. Evidence of leptomeningeal disease on pre-local treatment MRI scan
4. Patients with prior cancers, except:
  - 4.1. Those diagnosed more than five years ago with no evidence of disease recurrence within this time
  - 4.2. Successfully treated basal cell and squamous cell skin carcinoma
  - 4.3. Carcinoma in-situ of the cervix
5. A medical or psychiatric condition that compromises ability to give informed consent or complete the protocol
6. Positive urine pregnancy test for women of childbearing potential (+/-7 days of registration onto the trial)

**Date of first enrolment**

01/05/2011

**Date of final enrolment**

30/04/2018

**Locations****Countries of recruitment**

England

United Kingdom

**Study participating centre****Department of Oncology**

Oxford

United Kingdom

OX3 7DQ

**Sponsor information**

**Organisation**

University of Oxford (UK)

**Sponsor details**

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Churchill Hospital  
Old Road  
Headington  
Oxford  
England  
United Kingdom  
OX3 7LE

**Sponsor type**

University/education

**Website**

<http://www.ox.ac.uk/>

**ROR**

<https://ror.org/052gg0110>

**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

Not provided at time of registration

## Intention to publish date

## Individual participant data (IPD) sharing plan

Not provided at time of registration

## IPD sharing plan summary

Not provided at time of registration

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Other publications</a>	interim analysis	08/05/2015	04/09/2019	Yes	No
<a href="#">Protocol article</a>	protocol	17/04/2011	04/09/2019	Yes	No
<a href="#">Statistical Analysis Plan</a>	statistical analysis plan	05/08/2019	04/09/2019	No	No
<a href="#">Results article</a>		20/11/2019	07/11/2022	Yes	No