

Neoadjuvant Chemotherapy in Palpable Breast Cancer: Evaluation of Physiologic, Radiologic, and Molecular Markers in Predicting Response

Submission date 24/03/2010	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 14/04/2010	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 14/04/2010	Condition category Cancer	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Not provided at time of registration

Study website

<http://www.cancer.gov/clinicaltrials/DFCI-99278>

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

NCT00096291

Secondary identifying numbers

CDR0000382123, DFCI-99278

Study information

Scientific Title

A Multicentre, Phase II, Neoadjuvant Chemotherapy in Palpable Breast Cancer: Evaluation of Physiologic, Radiologic, and Molecular Markers in Predicting Response

Study objectives

This randomized phase II trial is comparing two different regimens of doxorubicin and paclitaxel to see how well they work in treating women who are undergoing surgery for breast cancer.

Rationale:

Drugs used in chemotherapy, such as doxorubicin and paclitaxel, work in different ways to stop tumor cells from dividing so they stop growing or die. Giving chemotherapy before and after surgery may shrink the tumor so it can be removed and may kill any tumor cells remaining after surgery.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Massachusetts General Hospital - Dana-Farber Cancer Institute (MGH-DFCI) Institutional Review Board (IRB) approved on the 15th of May 2000 (ref: 1999P010935)

Study design

Multicentre phase II randomized active controlled parallel group comparative trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Patient information can be found at <http://www.cancer.gov/search/ViewClinicalTrials.aspx?cdrid=382123&version=patient>

Health condition(s) or problem(s) studied

Breast cancer

Interventions

This is a randomized, multicenter study. Patients are stratified according to tumor size (> 5 cm vs ≥ 3-5 cm) and presence of palpable regional lymph nodes (yes vs no). Patients are randomized to 1 of 2 treatment arms.

All patients undergo biopsy, bilateral mammogram, magnetic resonance imaging (MRI), ultrasound, blood marker, molecular (gene microarrays and functional p53 status), and physiologic studies before initiation of neoadjuvant chemotherapy. Some of these studies are repeated after completion of treatment with the first chemotherapeutic agent and after completion of treatment with the second chemotherapeutic agent as outlined below.

1. Arm I: Patients receive doxorubicin intravenously (IV) on days 1, 15, 29, and 43.

1.1. Patients with no residual tumor (indicated by clinical evaluation and radiologic studies) after completion of doxorubicin undergo definitive surgery. After surgery, patients receive paclitaxel IV over 1 hour on days 1, 8, 15, 22, 29, 36, 43, 50, and 57.

1.2. Patients with residual tumor > 2 cm after completion of doxorubicin undergo 8-12 core needle biopsies.

1.3. Patients with residual tumor < 2 cm after completion of doxorubicin undergo 4-6 core needle biopsies. After core needle biopsies, patients receive paclitaxel as above.

2. Arm II: Patients receive paclitaxel IV over 1 hour on days 1, 8, 15, 22, 29, 36, 43, 50, and 57.

2.1. Patients with no residual tumor (indicated by clinical evaluation and radiologic studies) after completion of paclitaxel undergo definitive surgery. After surgery, patients receive doxorubicin IV on days 1, 15, 29, and 43.

2.2. Patients with residual tumor > 2 cm after completion of paclitaxel undergo 8-12 core needle biopsies.

2.3. Patients with residual tumor < 2 cm after completion of paclitaxel undergo 4-6 core needle biopsies. After core needle biopsies, patients receive doxorubicin as above.

In both arms, treatment continues in the absence of disease progression or unacceptable toxicity.

Samples from core needle biopsies are analyzed by microarray analysis for gene expression profiles.

Patients are followed every 6 months for 5 years.

Intervention Type

Other

Phase

Phase II

Primary outcome measure

1. Determine whether tumors in women with palpable invasive breast cancer with wild type p53 are more sensitive to doxorubicin than to paclitaxel when given as sequential single-agent neoadjuvant chemotherapy.

2. Determine whether tumors with inactivated p53 are more sensitive to paclitaxel than to doxorubicin when given as sequential single-agent neoadjuvant chemotherapy in these patients.

Secondary outcome measures

1. Correlate other biological markers (physiological and molecular) with tumor response in patients treated with these regimens.
2. Determine changes in these biological markers during and after neoadjuvant chemotherapy in these patients.
3. Compare breast MRI, in terms of assessing tumor response, with physical exam, mammogram, and ultrasound in patients treated with these regimens.
4. Determine whether there are MRI indicators (e.g., tumor morphology or lesion enhancement) that are predictive of response in patients treated with these regimens.

Overall study start date

01/06/2000

Completion date

30/05/2004

Eligibility

Key inclusion criteria

1. Women, aged ≥ 18
2. Diagnosis of invasive breast cancer
3. Tumor more than 3 cm and palpable
4. Multiple masses are allowed provided at least 1 mass is more than 3 cm
5. Clinically positive axillary or supraclavicular lymph nodes allowed
6. Fine needle aspiration or core needle biopsy positive for invasive breast cancer AND/OR fine needle aspiration of lymph nodes positive
7. Estrogen receptor (ER)-positive OR ER-negative
8. ER2/neu-positive OR negative
9. Premenopausal or postmenopausal
10. Performance status: Karnofsky 60-100%
11. Granulocyte count more than $1,000/\text{mm}^3$
12. Platelet count more than $100,000/\text{cmm}$
13. Bilirubin more than 2 times upper limit of normal (ULN)
14. Serum glutamic oxaloacetic transaminase (SGOT) more than 2 times ULN
15. Left Ventricular Ejection Fraction (LVEF) not less than 50%

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Female

Target number of participants

Total of 100 patients (50 per treatment arm) accrued within 4-5 years

Key exclusion criteria

1. Inflammatory breast cancer
2. Distant metastases
3. Congestive heart failure or other significant cardiovascular disease
4. Pregnancy or nursing
5. Severe medical or psychiatric condition that would preclude study compliance
6. HIV positivity
7. Patients with other prior or concurrent malignancies if they have received prior chemotherapy or are not cured from the prior malignancy

Date of first enrolment

01/06/2000

Date of final enrolment

30/05/2004

Locations**Countries of recruitment**

United States of America

Study participating centre

Department of Radiation Oncology, Massachusetts General Hospital

Boston

United States of America

02114

Sponsor information**Organisation**

National Cancer Institute (NCI) (USA)

Sponsor details

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Sponsor type

Research organisation

Website

<http://www.cancer.gov/researchandfunding/>

ROR

<https://ror.org/040gcmg81>

Funder(s)

Funder type

Research organisation

Funder Name

National Cancer Institute (NCI) (USA) - Avon-NCI Progress for Patients Award on the Dana-Farber /Harvard Cancer Center Specialized Programs of Research Excellence (SPORE) in Breast Cancer (ref: CA089393)

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date**Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results on comparison of mammography, sonography, and MRI	01/03/2005		Yes	No
Results article	results	20/03/2005		Yes	No