A phase III multi-centre randomised controlled trial to assess whether optimal supportive care alone (including dexamethasone) is as effective as optimal supportive care (including dexamethasone) plus whole brain radiotherapy in the treatment of patients with inoperable brain metastases from non-small cell lung cancer

Submission date	Recruitment status No longer recruiting	[X] Prospectively registered		
10/08/2006		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
22/09/2006	Completed	[X] Results		
Last Edited	Condition category	Individual participant data		
24/03/2022	Cancer			

## Plain English summary of protocol

http://www.cancerhelp.org.uk/trials/a-trial-looking-at-the-treatment-of-lung-cancer-which-has-spread-to-the-brain

# Contact information

# Type(s)

Scientific

#### Contact name

Dr Paula Mulvenna

#### Contact details

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# Additional identifiers

## ClinicalTrials.gov (NCT)

NCT00403065

#### Protocol serial number

MRC LU24

# Study information

#### Scientific Title

A phase III multi-centre randomised controlled trial to assess whether optimal supportive care alone (including dexamethasone) is as effective as optimal supportive care (including dexamethasone) plus whole brain radiotherapy in the treatment of patients with inoperable brain metastases from non-small cell lung cancer

### **Acronym**

QUARTZ (Quality of Life After Radiotherapy and Steroids)

## **Study objectives**

That optimal supportive care (including dexamethasone) alone is as effective as optimal supportive care (including dexamethasone) plus whole brain radiotherapy, in terms of patient-assessed quality-adjusted life-years in patients with non-small cell lung cancer (NSCLC) and inoperable brain metastases.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

North West Multicentre Research Ethics Committee, 22/09/2006, ref: 06/MRE08/55

# Study design

Phase III multi-centre randomised controlled trial

## Primary study design

Interventional

## Study type(s)

Treatment

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

Non-small cell lung cancer with inoperable brain metastases

#### **Interventions**

Optimal supportive care (OSC, including dexamethasone) alone versus OSC and whole brain radiotherapy (WBRT).

### Intervention Type

Drug

#### Phase

Phase III

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

Dexamethasone

#### Primary outcome(s)

Quality-adjusted life-years. Follow-up is weekly until 12 weeks, then 4 weekly, until death.

### Key secondary outcome(s))

- 1. Overall survival
- 2. Karnofsky Performance Status
- 3. Patient symptoms

Follow-up is weekly until 12 weeks, then 4 weekly, until death.

#### Completion date

31/05/2015

# **Eligibility**

#### Key inclusion criteria

- 1. Histologically or cytologically proven primary NSCLC
- 2. Computed tomography (CT)/magnetic resonance imaging (MRI) confirming brain metastases
- 3. Inoperable brain metastases as assessed by a lung cancer Multi-Disciplinary Team (MDT) or patients for whom surgery is deemed inappropriate
- 4. Clinician and patient uncertain of the role of whole brain radiotherapy (WBRT)
- 5. Patient able and willing to respond to questions in a weekly telephone assessment
- 6. Patient able and willing to give informed consent
- 7. Aged over 18 years
- 8. Baseline patient assessment form completed

#### Participant type(s)

Patient

## Healthy volunteers allowed

No

#### Age group

Adult

## Lower age limit

18 years

#### Sex

All

### Key exclusion criteria

Current exclusion criteria as of 14/01/2014:

- 1. Clinician and/or patient certain that WBRT will be of benefit
- 2. Clinician and/or patient certain that WBRT will not be of benefit

- 3. Previous or current illness, which has not been brought under control and/or is likely to interfere with protocol treatment or comparisons
- 4. Chemotherapy (last cycle) within 3 weeks prior to randomisation
- 5. Previous radiotherapy to the brain
- 6. Surgery for brain metastases within one month prior to randomisation

#### Previous exclusion criteria:

- 1. Clinician and/or patient certain that WBRT will be of benefit
- 2. Clinician and/or patient certain that WBRT will not be of benefit
- 3. Previous or current illness, which has not been brought under control and/or is likely to interfere with protocol treatment or comparisons
- 4. Estimated glomerular filtration rate (EGFR) inhibitors within one week prior to randomisation
- 5. Chemotherapy (last cycle) within one month prior to randomisation
- 6. Previous radiotherapy to the brain
- 7. Surgery for brain metastases within one month prior to randomisation

#### Date of first enrolment

02/03/2007

#### Date of final enrolment

31/08/2014

# Locations

## Countries of recruitment

United Kingdom

England

Australia

Study participating centre
Newcastle General Hospital
Newcastle upon Tyne
United Kingdom
NE4 6BE

# Sponsor information

#### Organisation

Medical Research Council (MRC) (UK)

#### **ROR**

https://ror.org/03x94j517

# Funder(s)

## Funder type

Charity

#### Funder Name

Cancer Research UK (CRUK) (UK) (ref: C17956/A6414)

## Alternative Name(s)

CR\_UK, Cancer Research UK - London, Cancer Research UK (CRUK), CRUK

### **Funding Body Type**

Private sector organisation

## Funding Body Subtype

Other non-profit organizations

#### Location

United Kingdom

# **Results and Publications**

# Individual participant data (IPD) sharing plan

Not provided at time of registration

# IPD sharing plan summary

## **Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/03/2013		Yes	No
Results article	results	22/10/2016		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Plain English results			24/03/2022	No	Yes