

# Randomised phase III trial comparing concurrent chemoradiation and adjuvant chemotherapy with pelvic radiation alone in high risk and advanced stage endometrial carcinoma

<b>Submission date</b> 28/09/2006	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 28/09/2006	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 21/04/2022	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

<http://www.cancerhelp.org.uk/trials/a-trial-looking-at-radiotherapy-and-chemotherapy-after-surgery-in-women-with-womb-cancer>

## Study website

<http://www.clinicalresearch.nl/portec3/>

## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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## **Additional identifiers**

**EudraCT/CTIS number**  
2007-004917-33

**IRAS number**

**ClinicalTrials.gov number**  
NCT00411138

**Secondary identifying numbers**  
CKTO 2006-04; LUMC P06.031

## **Study information**

**Scientific Title**  
Randomised phase III trial comparing concurrent chemoradiation and adjuvant chemotherapy with pelvic radiation alone in high risk and advanced stage endometrial carcinoma: PORTEC-3

**Acronym**  
PORTEC-3

**Study objectives**  
The addition of concurrent and adjuvant chemotherapy to postoperative radiation therapy will increase five year overall survival and failure-free survival of patients with high-risk and advanced stage endometrial carcinoma.

**Ethics approval required**  
Old ethics approval format

**Ethics approval(s)**  
Ethics approval received from the local medical ethics committee

**Study design**  
Randomised controlled trial

**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

Endometrial carcinoma

### Interventions

Patients are randomised (1:1) to receive external beam pelvic radiotherapy (standard arm: 48.6 Gy in 1.8 Gy fractions), or pelvic radiotherapy with concurrent chemotherapy (two cycles of cisplatin) followed by adjuvant chemotherapy (four cycles of carboplatin and paclitaxel; experimental arm).

### Intervention Type

Drug

### Phase

Phase III

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

Cisplatin, carboplatin, paclitaxel

### Primary outcome measure

1. Five year actuarial overall survival
2. Five year actuarial failure-free survival (with failure defined as relapse or death due to endometrial carcinoma or to treatment complications)

### Secondary outcome measures

1. Quality of life
2. Severe treatment related morbidity
3. Five year rates of vaginal, pelvic and distant relapse

### Overall study start date

15/09/2006

### Completion date

01/01/2020

## Eligibility

### Key inclusion criteria

1. Histologically confirmed endometrial carcinoma, with one of the following postoperative International Federation of Gynecology and Obstetrics (FIGO 1988) stages and grade:
  - 1.1. Stage IB grade 3 with documented Lymphatic Vascular Space Invasion (LVSI)
  - 1.2. Stage 1C grade 3
  - 1.3. Stage II grade 3
  - 1.4. Stage IIIA or IIIC (IIIA based on peritoneal cytology alone is only eligible if grade 3)
  - 1.5. Stage IB or IC, stage II or stage III with serous or clear cell histology

2. World Health Organisation (WHO) performance status zero to two
3. White Blood Cells (WBC) more than or equal to  $3.0 \times 10^9/L$
4. Platelets more than or equal to  $100 \times 10^9/L$
5. Bilirubin less than or equal to 1.5 x Upper Normalised Limit (UNL)
6. Aspartate Aminotransferase (ASAT)/Alanine Aminotransferase (ALAT) less than or equal to 2.5 x UNL
7. Written informed consent

As of 11/02/2011 the criteria has been updated to also include the new FIGO 2009 staging system:

Histologically confirmed endometrial carcinoma, with one of the following postoperative FIGO 2009 stages and grade:

1. Stage IA with myometrial invasion, grade 3 with documented LVSI
2. Stage IB grade 3
3. Stage II
4. Stage IIIA or IIIC; or IIIB if parametrial invasion only
5. Stage IA (with myometrial invasion), IB, II, or III with serous or clear cell histology

### **Participant type(s)**

Patient

### **Age group**

Not Specified

### **Sex**

Both

### **Target number of participants**

500

### **Total final enrolment**

686

### **Key exclusion criteria**

1. Previous malignancy, except for basal cell carcinoma of the skin, less than ten years
2. Previous pelvic radiotherapy
3. Hormonal therapy or chemotherapy for this tumor
4. Macroscopic stage IIB for which Wertheim type hysterectomy
5. Prior diagnosis of Crohn's disease or ulcerative colitis
6. Residual macroscopic tumor after surgery
7. Creatinine clearance less than or equal to 60 ml/min (calculated according to Cockcroft) or less than or equal to 50 ml/min (EthyleneDiamineTetraacetic Acid [EDTA] clearance, or measured creatinine clearance)
8. Impaired cardiac function, prohibiting the infusion of large amounts of fluid during cisplatin therapy
9. Peripheral Neuropathy more than or equal to grade two

### **Date of first enrolment**

15/09/2006

### **Date of final enrolment**

20/12/2013

## Locations

### Countries of recruitment

Australia

Canada

France

Italy

Netherlands

New Zealand

United Kingdom

### Study participating centre

**Leiden University Medical Center (LUMC)**

Leiden

Netherlands

2300 RC

## Sponsor information

### Organisation

Leiden University Medical Center (LUMC) (The Netherlands)

### Sponsor details

Department of Clinical Oncology

P.O. Box 9600

Leiden

Netherlands

2300 RC

### Sponsor type

Hospital/treatment centre

### ROR

<https://ror.org/05xvt9f17>

## Funder(s)

**Funder type**

Charity

**Funder Name**

KWF Kankerbestrijding

**Alternative Name(s)**

The Dutch Cancer Society, Koningin Wilhelmina Fonds, DCS, KWF

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Other non-profit organizations

**Location**

Netherlands

**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**

National Health and Medical Research Council

**Alternative Name(s)**

NHMRC

**Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

**Location**

Australia

**Funder Name**

Cancer Australia

**Alternative Name(s)****Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

**Location**

Australia

**Funder Name**

Canadian Cancer Society Research Institute

**Alternative Name(s)**

l'Institut de recherche de la Société canadienne du cancer, CCSRI, IRSCC

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Associations and societies (private and public)

**Location**

Canada

**Funder Name**

Agenzia Italiana del Farmaco, Ministero della Salute

**Alternative Name(s)**

Italian Medicines Agency, Agenzia Italiana del Farmaco, Italian Medicines Agency, Ministry of Health, AIFA

**Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

**Location**  
Italy

## Results and Publications

### Publication and dissemination plan

Follow-up information is needed for at least 5 years for all randomised patients, and thus follow-up, queries and completion of CRF are ongoing and the timing of final analysis of the primary endpoint of OS will not be reached before late 2017 or (most likely) in 2018. We will publish 2-year results on toxicity and quality of life in 2016.

### Intention to publish date

01/01/2018

### 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="#">Results article</a>	results	01/08/2016		Yes	No
<a href="#">Results article</a>	results	01/02/2018		Yes	No
<a href="#">Results article</a>	results	01/09/2019	30/07/2019	Yes	No
<a href="#">Results article</a>	results of correlation between molecular subgroup and prognosis	10/10/2020	05/03/2021	Yes	No
<a href="#">Plain English results</a>			24/03/2022	No	Yes
<a href="#">Results article</a>	Radiotherapy Quality Assurance	11/12/2021	21/04/2022	Yes	No