

# Rational treatment selection for Merkel Cell Carcinoma (MCC)

<b>Submission date</b> 09/03/2016	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 09/03/2016	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 10/10/2022	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-looking-improving-usual-treatment-newly-diagnosed-merkel-cell-cancer-rational-compare-trial-rational-review-study>

## Contact information

### Type(s)

Public

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## Additional identifiers

### Protocol serial number

20444

## Study information

### Scientific Title

Rational treatment selection for Merkel Cell Carcinoma (MCC): A randomised phase III multi-centre trial comparing radical surgery and radical radiotherapy as first definitive treatment for primary MCC with an observational study for patients ineligible for the randomised trial.

### **Study objectives**

The aim of this study is to determine if radical surgery or radical radiotherapy as first definitive treatment for the primary merkel cell carcinoma (MCC) results in better control of loco-regional disease.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

15/WM/0454

### **Study design**

Multi-centre phase III randomised parallel trial

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

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

Merkel cell carcinoma

### **Interventions**

Participants are randomised to one of two study arms.

Arm A - Prioritise surgery: WLE of the primary site with radiotherapy reserved for later adjuvant treatment in selected patients.

Arm B - Prioritise radiotherapy: Early use of radical radiotherapy to the primary site without prior radical surgery.

### **Intervention Type**

Procedure/Surgery

### **Primary outcome(s)**

Time from randomisation to loco-regional treatment failure is determined from data collected throughout the study and up to 2 years of follow-up.

### **Key secondary outcome(s)**

1. Progression free survival
2. Proportion of patients alive and free of disease
3. Quality of Life is measured at baseline, 3, 6, 9, 12 and 24 months from randomisation;
4. Survival
5. Time to distant progression
6. Time to local failure
7. Time to regional nodal failure

**Completion date**

30/09/2020

## Eligibility

**Key inclusion criteria**

General inclusion criteria for all patients:

1. Patients newly diagnosed with histologically-proven MCC (either primary and/or regional nodal disease)
2. Completion of clinical and radiological staging investigations, including CT imaging (or other modality) of regional nodal basin(s) and major viscera (and SLNB if clinically appropriate) to identify regional and distant metastases
3. No distant metastases beyond the regional nodal basin (i.e. not stage IV disease)
4. Being considered for radical treatment to achieve long term disease control
5. Able to give valid informed consent
6. Consent for collection of data and tissue samples and follow up.
7. Life expectancy six months or greater in relation to general fitness and co-morbidities

Additional inclusion criteria for rational compare:

1. Patients newly diagnosed with histologically-proven primary MCC
2. In the opinion of the SSMDT, the primary MCC can be encompassed both within a wide surgical margin and within a radiotherapy field, and the SSMDT is in equipoise regarding WLE or radiotherapy as first treatment
3. Consent for randomisation into Rational Compare

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

Exclusion criteria for rational compare only:

1. The primary MCC has already been treated radically with WLE (surgical margins >10 mm) or RT
2. Intended use of regional or systemic chemotherapy (including molecularly targeted agents and immunotherapy)

**Date of first enrolment**

31/03/2016

**Date of final enrolment**

30/12/2018

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**University of Birmingham**

Institute for Cancer Studies

Edgbaston

Birmingham

United Kingdom

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**Sponsor information****Organisation**

University of Birmingham

**ROR**

<https://ror.org/03angcq70>

**Funder(s)****Funder type**

Research council

**Funder Name**

Medical Research Council

**Alternative Name(s)**

Medical Research Council (United Kingdom), UK Medical Research Council, MRC

**Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

**Location**

United Kingdom

# Results and Publications

## Individual participant data (IPD) sharing plan

All data generated or analysed during this study will be included in the subsequent results publication

## IPD sharing plan summary

Other

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes
<a href="#">Protocol file</a>	version 4.0	11/01/2019	10/10/2022	No	No