

SGL-110 with cisplatin and gemcitabine chemotherapy in patients with bladder cancer

Submission date 03/02/2016	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 03/02/2016	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 04/06/2024	Condition category Cancer	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

<http://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-looking-at-sgl-110-with-cisplatin-and-gemcitabine-for-advanced-solid-tumours-spire>

Contact information

Type(s)

Public

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Additional identifiers

Clinical Trials Information System (CTIS)

2015-004062-29

ClinicalTrials.gov (NCT)

Nil known

Protocol serial number

20447

Study information

Scientific Title

SGL-110 to potentiate platinum response: a phase Ib/randomised IIa open label clinical trial combining SGL-110 with cisplatin and gemcitabine chemotherapy for solid malignancies including bladder cancer

Study objectives

Phase I:

The aim of this phase is to find the optimum dose of gemcitabine (GC) for the treatment of bladder cancer to use in the phase II of the study.

Phase II:

The aim of this phase is to investigate the whether treatment with a combination of SGL-110 and GC or GC alone is most effective.

Ethics approval required

Old ethics approval format

Ethics approval(s)

North West - Haydock Research Ethics Committee, 14/01/2016, ref: 15/NW/0936

Study design

Randomised; Interventional; Design type: Treatment

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Bladder cancer

Interventions

Phase I: Dose-escalation phase

Patients will be entered into sequential dose level cohorts and (at the relevant dose level). Escalating dose level cohorts (4 cohorts are planned) of SGL-110 + standard gemcitabine /cisplatin chemotherapy for up to 6 cycles of 21 days each.

Phase II: Dose expansion phase

Patients will be randomised to one of two groups.

Group 1: Participants receive 3-4 cycles (21 days each) of standard GC chemotherapy + SGL-110 (at the RP2D established in Phase I)

Group 2: Participants receive 3-4 cycles (21 days each) of standard GC chemotherapy only.

Intervention Type

Drug

Phase

Phase I/II

Drug/device/biological/vaccine name(s)

SGI-110, cisplatin, gemcitabine

Primary outcome(s)

To establish the Recommended Phase II Dose (RP2D) for SGI-110 when combined with GC within the first year of the study.

Key secondary outcome(s)

1. Investigation of other potential pharmacodynamic biomarkers for SGI-110 target is measured at the end of the study
2. Pharmacokinetics of SGI-110 when combined with GC are determined within the first year of the study
3. The pathological complete response rate of bladder cancer patients is measured at the end of the study
4. Toxicity profile of SGI-110 when combined with GC is measured throughout the trial

Completion date

24/04/2020

Eligibility**Key inclusion criteria**

Current participant inclusion criteria as of 26/06/2019:

All patients:

1. ECOG performance status of 0 or 1
2. Glomerular filtration rate estimation of ≥ 60 mL/min according to either the Cockcroft and Gault formula or by Cr-51EDTA or Tc-99m DTPA clearance
3. Adequate haematological parameters:
 - 3.1. Haemoglobin ≥ 90 g/dL
 - 3.2. Neutrophil count $\geq 1.5 \times 10^9/L$
 - 3.3. Platelets $\geq 100 \times 10^9/L$
4. Adequate biochemical parameters
 - 4.1. Bilirubin $\leq 1.5 \times \text{ULN}$
 - 4.2. ALT and ALP $\leq 2.5 \times \text{ULN}$ (ALP = $5 \times \text{ULN}$ if caused by liver or bone metastases)
5. Aged 16 years or over
6. Life expectancy greater than 3 months
7. Provision of written informed consent

Patients in the dose escalation phase:

Incurable histologically or cytologically confirmed, locally advanced or metastatic, solid cancer, for which the use of gemcitabine and cisplatin is a clinically appropriate treatment in the view of the local principal investigator. Any number of previous lines of systemic chemotherapy is permitted.

Patients in the dose expansion phase:

1. Bladder cancer with a pure or a predominant component of transitional cell carcinoma
2. Clinical stage T2-4a N0 M0
3. Planned to commence GC for 3 or 4 cycles

Previous participant inclusion criteria:

All patients:

1. ECOG performance status of 0 or 1
2. Glomerular filtration rate estimation of ≥ 60 mL/min according to either the Cockcroft and Gault formula or by Cr-51EDTA or Tc-99m DTPA clearance
3. Adequate haematological parameters:
 - 3.1. Haemoglobin ≥ 90 g/dL
 - 3.2. Neutrophil count $\geq 1.5 \times 10^9/L$
 - 3.3. Platelets $\geq 100 \times 10^9/L$
4. Adequate biochemical parameters
 - 4.1. Bilirubin $\leq 1.5 \times$ ULN
 - 4.2. ALT and ALP $\leq 2.5 \times$ ULN (ALP $\leq 5 \times$ ULN if caused by liver or bone metastases)
5. Aged 16 years or over
6. Life expectancy greater than 3 months
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Patients in the dose escalation phase:

Incurable histologically or cytologically confirmed, locally advanced or metastatic, solid cancer, for which the use of gemcitabine and cisplatin is a clinically appropriate treatment in the view of the local principal investigator. Any number of previous lines of systemic chemotherapy is permitted.

Patients in the dose expansion phase:

1. Bladder cancer with a pure or a predominant component of transitional cell carcinoma
2. Clinical stage T2-4a N0 M0
3. Planned to commence GC for 3 or 4 cycles with neoadjuvant (i.e. curative) intent prior to a planned radical cystectomy

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Total final enrolment

39

Key exclusion criteria

Current participant exclusion criteria as of 26/06/2019:

All patients:

1. Unresolved toxicities from prior therapy greater than CTCAE v4.03 grade 1 (with the exception of alopecia) at the time of registration
2. Prior radiotherapy to $> 30\%$ of bone marrow
3. Major surgery within 30 days

4. Any investigational medicinal product within 30 days
5. Allergy or other known intolerance to any of the proposed study drugs including supportive agents and inclusive of G-CSF and locally utilised anti-emetics
6. Coronary artery bypass graft, angioplasty, vascular stent, myocardial infarction, unstable angina pectoris or congestive cardiac failure (New York Heart Association = grade 2) within the last 6 months
7. Women who are pregnant or breast feeding. (Women of child-bearing potential must have a negative pregnancy test performed within 7 days prior to the start of trial treatment)
8. Patients of child-bearing potential who are not using, or who are unwilling to use, a highly effective method of contraception
9. Any patient who, in the judgment of the local investigator, is unlikely to comply with trial procedures, restrictions or requirements
10. Any patient who has received a live vaccine within 4 weeks of initiation of their treatment

Patients in the dose expansion phase:

Current separate other malignancy. Current nonmelanoma skin cancer, cervical carcinoma in situ or incidental localised prostate cancer is permissible. Other prior malignancy is acceptable if the treatment within the SPIRE trial would be given with curative intent.

Previous participant exclusion criteria:

All patients:

1. Unresolved toxicities from prior therapy greater than CTCAE v4.03 grade 1 (with the exception of alopecia) at the time of registration
2. Prior radiotherapy to > 30% of bone marrow
3. Major surgery within 30 days
4. Any investigational medicinal product within 30 days
5. Allergy or other known intolerance to any of the proposed study drugs including supportive agents and inclusive of G-CSF and locally utilised anti-emetics
6. Previously-identified central nervous system metastases unless treated and clinically stable and not requiring steroids for at least 4 weeks prior to the start of trial treatment
7. Coronary artery bypass graft, angioplasty, vascular stent, myocardial infarction, unstable angina pectoris or congestive cardiac failure (New York Heart Association = grade 2) within the last 6 months
8. Women who are pregnant or breast feeding. (Women of child-bearing potential must have a negative pregnancy test performed within 7 days prior to the start of trial treatment)
9. Patients of child-bearing potential who are not using, or who are unwilling to use, a highly effective method of contraception
10. Any patient who, in the judgment of the local investigator, is unlikely to comply with trial procedures, restrictions or requirements
11. Any patient who has received a live vaccine within 4 weeks of initiation of their treatment

Patients in the dose expansion phase:

Recent or current separate other malignancy. Current non-melanoma skin cancer, cervical carcinoma in situ or incidental localised prostate cancer is permissible. Participants with a history of a separate other malignancy having completed all active treatment 2 or more years previously may be entered.

Date of first enrolment

01/04/2016

Date of final enrolment

26/09/2019

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

University of Southampton

University Road

Southampton

United Kingdom

SO17 1BJ

Sponsor information

Organisation

Southampton University Hospitals NHS Trust

ROR

<https://ror.org/0485axj58>

Funder(s)

Funder type

Charity

Funder Name

Cancer Research UK

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

Results and Publications

Individual participant data (IPD) sharing plan

Data won't automatically be available upon request but the trialists are happy to consider data sharing approaches (based on consent and contractual obligations) through the Trial Management Group, based on scientific merit.

IPD sharing plan summary

Other

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/04/2021	22/01/2021	Yes	No
Protocol article	protocol	03/04/2018		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Plain English results			07/09/2021	No	Yes